

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

4/1

04-15-2003 90030 014 \*\*\*\*50.00

**DOCUMENT # L02000010429**

1. Entity Name

**TYRONE66TH, L.L.C.**



Principal Place of Business

Mailing Address

65 E. NASA BLVD., STE. 202  
MELBOURNE FL 32901

65 E. NASA BLVD., STE. 202  
MELBOURNE FL 32901

2. Principal Place of Business

**7332 OFFICE PARK PLACE**

3. Mailing Address

**7332 OFFICE PARK PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE. 101**

**STE. 101**

City & State

City & State

**MELBOURNE, FL**

**MELBOURNE, FL**

Zip

Zip

**32940**

Country

Country

**USA**

**USA**

4. FEI Number

**59-2827927**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILKINSON, MYLES H**

**65 E. NASA BLVD., STE. 202  
MELBOURNE FL 32901**

**7332 OFFICE PARK PLACE  
STE. 101  
MELBOURNE, FL 32940**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent or authorized representative (Registered Agent signature required when reinstating)

**1/8/03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President/Manager** ☐ Delete  
NAME **Myles H. Wilkinson**  
STREET ADDRESS **7332 Office Park Place, #101**  
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**SIGNATURE REQUIRED**  
**Myles H. Wilkinson**

**1/8/03**

Date

**321/951-1500**

Daytime Phone #

CR2E083 (10/02)