

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

4

**FILED**

03 JUN -5 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000010445**  
1. Entity Name  
**505 PATRICIA AVENUE, L.L.C.**

Principal Place of Business: **499 PATRICIA AVE., STE. C DUNEDIN FL 34698**  
Mailing Address: **499 PATRICIA AVE., STE. C DUNEDIN FL 34698**

2. Principal Place of Business: **505 Patricia Ave**  
3. Mailing Address: **505 Patricia Ave**  
Suite, Apt. #, etc.

City & State: **Dunedin FL**  
City & State: **Dunedin, FL**  
Zip: **34698** Country: **USA**  
Zip: **34698** Country: **USA**

4. FEI Number:   
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  
**GASSMAN, ALAN S  
1245 COURT ST., STE. 102  
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent  
Name: **Alicen Barrett**  
Street Address: **505 Patricia Ave.**  
City: **Dunedin** FL Zip Code: **34698**

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: *Alicen Barrett* **Alicen Barrett** DATE: **5/20/03**

**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: <b>MGR</b> NAME: <b>BARRETT, ALICEN</b> STREET ADDRESS: <b>499 PATRICIA AVE., STE. C</b> CITY-ST-ZIP: <b>DUNEDIN FL 34698</b>	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: <b>505 Patricia Ave.</b> CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Alicen Barrett* **Alicen Barrett mgr** DATE: **4/28/03** 727-733-5012

CR2E083 (10/02)