

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000014313

FILED
Apr 28, 2003
Secretary of State

Entity Name: ULMERTON ROAD PROPERTIES, LLC

Current Principal Place of Business:

C/O DONALD L. BOOTH, ESQ.
9641 GULF BLVD.
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

C/O DONALD L. BOOTH, ESQ.
9641 GULF BLVD.
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOTH, DONALD L ESQ.
9641 GULF BLVD.
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: WOLF, BRYON
Address: 6116 KIPPS COLONY DR. W
City-St-Zip: GULFPORT, FL 33707 US

Title: MGRM () Change (X) Addition
Name: REILLY, DAVID
Address: 1102 2ND AVE. SOUTH
City-St-Zip: TIERRA VERDE, FL 33715 US

Title: MGRM () Change (X) Addition
Name: ELIASSON, ROY
Address: 3006 LONGBROOKE WAY
City-St-Zip: CLEARWATER, FL 33760 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID REILLY

MGRM

04/28/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date