FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90025 022 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30056057

DOCUMENT # L02000015116

1. Entity Name
TOTAL LAND MANAGEMENT COMPANY, LLC

Principal Place of Business	Mailing Address
ONE HARBOUR PLACE, SUITE 500 777 S. HARBOUR ISLAND BOULEVARD TAMPA, FL 33602	ONE HARBOUR PLACE, SUITE 500 777 S. HARBOUR ISLAND BOULEVARD TAMPA, FL 33602

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
122 Linsley Avenue	122 Linsley Avenue
Suite, Apt. #, etc. Ste A	Suite, Apt. #, etc. Ste A
City & State Brandon, FL	City & State Brandon, FL
Zip 33511 Country USA	Zip 33511 Country USA

4. FEI Number 03-0461096 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CFRA, LLC ONE HARBOUR PLACE, SUITE 500 777 S. HARBOUR ISLAND BOULEVARD TAMPA, FL 33602	Name Warren W. Wylie, II Street Address (P.O. Box Number is Not Acceptable) 122 Linsley Avenue, Ste A City Brandon FL Zip Code 33511

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 X [signature] Warren W. Wylie Executive Director 3/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE P NAME David Belkhor STREET ADDRESS 3505 Berger Rd. CITY-ST-ZIP Lutz, FL 33511	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE VP NAME Warren W. Wylie, II STREET ADDRESS 122 Linsley Avenue, Ste A CITY-ST-ZIP Brandon, FL 33511	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] Warren W. Wylie, II 3/13/03 (813)657-4914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #