

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

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

0004213

DOCUMENT # L02000018732

1. Entity Name

FLORIDA COMMUNITY DEVELOPMENT LLC



05-07-2003 90045 015 \*\*\*\*50.00

Principal Place of Business 1417 TAMPA PARK PLAZA TAMPA FL 33605	Mailing Address 2831 NW 41ST STREET, SUITE K GAINESVILLE FL 32606
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2. Principal Place of Business 2831 NW 41ST STREET	3. Mailing Address 2831 NW 41ST STREET
Suite, Apt. #, etc. *K	Suite, Apt. #, etc.

City & State GAINESVILLE, FL	City & State	4. FEI Number 47-0878715	Applied For Not Applicable
Zip 32606	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent CHOUDHURY, TARIK H 2831 NW 41ST STREET, SUITE K GAINESVILLE FL 32606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGR CHOUDHURY, TARIK H 2831 NW 41ST STREET, SUITE K GAINESVILLE FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: TARIK H CHOUDHURY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 4/30/03 Daytime Phone #

CR2E083 (10/02)