

# 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**

2. Principal Place of Business

**2831 NW 41ST STREET**

3. Mailing Address

Suite, Apt. #, etc.

**\* K**

☒ CHECK HERE IF MAKING CHANGES



City & State  
**GAINESVILLE, FL**

City & State

4. FEI Number

**47-0878715**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32606**

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

**CHOUDHURY, TARIK H  
2831 NW 41ST STREET, SUITE K  
GAINESVILLE FL 32606**

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 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  
**MGR  
CHOUDHURY, TARIK H  
2831 NW 41ST STREET, SUITE K  
GAINESVILLE FL 32606**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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)(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**  
**MANAGER**

**4/30/03**

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

Date

Daytime Phone #

CR2E083 (10/02)