

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-30-2003 90192 044 ****50.00

DOCUMENT # L02000020787

1. Entity Name

~~EIGHTH AVENUE TOWNHOMES, LLC~~

ROSEMARY VILLAGE, LLC

Principal Place of Business

807 S. HOWARD AVENUE
104
TAMPA FL 33616

Mailing Address

807 S. HOWARD AVENUE
104
TAMPA FL 33616

2. Principal Place of Business

3009 W. BARCELONA ST

Suite, Apt. #, etc.

SUITE B

City & State

TAMPA, FL

Zip

33629

Country

USA

3. Mailing Address

3009 W. BARCELONA ST

Suite, Apt. #, etc.

SUITE B

City & State

TAMPA, FL

Zip

33629

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

LANDERS, JAMES F
807 S. HOWARD AVENUE
104
TAMPA FL 33616

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete
JAMES F. LANDERS, MAR
STREET ADDRESS 3009 Barcelona St Suite B
CITY-ST-ZIP Tampa, FL 33629

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

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

4/7/03

Date

689.982.0598

Daytime Phone #

CP2003 (10/02)