

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

03-31-2003 90007 018 ****50.00

DOCUMENT # L02000021113

1. Entity Name
BARLOW FIELDS, L.L.C.



Principal Place of Business Mailing Address

2322 FAIRWAY DRIVE **2322 FAIRWAY DRIVE**
PLANT CITY FL 33566 **PLANT CITY FL 33566**

2. Principal Place of Business 3. Mailing Address

4805 W. Laurel St #230 **4805 W. Laurel St #230**
Suite, Apt. #, etc. Suite, Apt. #, etc.

230 **230**

City & State City & State

Tampa, FL **Tampa, FL**

Zip Country Zip Country

33607 **Hillsborough** **33607** **Hillsborough**



CHECK HERE IF MAKING CHANGES

4. FEI Number: **11-3648099** 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

RILEY, STEVEN P
4805 WEST LAUREL STREET, STE. 230
TAMPA FL 33607

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 _____ (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	MGRM RHODES, LINDA 2322 FAIRWAY DRIVE PLANT CITY FL 33566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Steven P. Riley 4805 W. Laurel St #230 Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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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: Signature Required Steven P. Riley Date: 3/27/03 Daytime Phone #: 813-286-1700

CR2E083 (10/02)