

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0071359

DOCUMENT # L02000025893

1. Entity Name

TIMCAROL REAL ESTATE, LLC



05-05-2003 90692 036 \*\*\*\*50.00

Principal Place of Business

Mailing Address

8629 KEY HARBOUR DRIVE  
INDIANAPOLIS IN 46236

8629 KEY HARBOUR DRIVE  
INDIANAPOLIS IN 46236

2. Principal Place of Business

3. Mailing Address

2222 Kingfish Road

310 N. Alabama St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

340

City & State

City & State

Naples, FL

Indianapolis, IN

Zip

Zip

34102

Country

Country

USA

46204

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

06-1650592

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

NOVATT, JEFF M ESQ.  
C/O CHEFFY, PASSIDOMO, ET AL  
821 FIFTH AVE. SOUTH, SUITE 201  
NAPLES FL 34102

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 MGR  
NAME WAGNER, TIMOTHY L  
STREET ADDRESS 8629 KEY HARBOUR DRIVE  
CITY-ST-ZIP INDIANAPOLIS IN 46236 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 2222 Kingfish Road  
CITY-ST-ZIP Naples, FL 34102 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

*Timothy L. Wagner* **SIGNATURE REQUIRED** *Managing Member*

4/29/03

Date

317-509-4095

Daytime Phone #

CR2E083 (10/02)