

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0060022

|                                                            |                                                                                   |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L02000027112                                    |  |
| 1. Entity Name<br>GATEWAY 49TH STREET INDUSTRIAL PARK, LLC |                                                                                   |

FILED

2003 MAY 23 AM 11:46

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

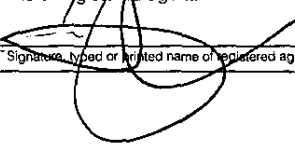
|                                                                                             |                |                                                                                 |                |
|---------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------|----------------|
| Principal Place of Business<br>3001 EXECUTIVE DR.<br>SUITE 250<br>CLEARWATER FL 33762<br>US |                | Mailing Address<br>3001 EXECUTIVE DR.<br>SUITE 250<br>CLEARWATER FL 33762<br>US |                |
| 2. Principal Place of Business<br>4625 East Bay Dr.                                         |                | 3. Mailing Address<br>4625 East Bay DR.                                         |                |
| Suite, Apt. #, etc.<br>Suite 201                                                            |                | Suite, Apt. #, etc.<br>Suite 201                                                |                |
| City & State<br>Clearwater, FL 33762                                                        |                | City & State<br>Clearwater, FL 33762                                            |                |
| Zip<br>33764                                                                                | Country<br>USA | Zip<br>33764                                                                    | Country<br>USA |

|                                  |                                                                                            |
|----------------------------------|--------------------------------------------------------------------------------------------|
| 4. FEI Number                    | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$5.00 Additional Fee Required                                    |

|                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>ROSS, ELLIOTT M<br>3001 EXECUTIVE DR.<br>SUITE 250<br>CLEARWATER FL 33762 |  |
|------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |                              |
|----------------------------------------------------|------------------------------|
| 7. Name and Address of New Registered Agent        |                              |
| Name                                               | Scott J. Tyler               |
| Street Address (P.O. Box Number is Not Acceptable) | 4625 East Bay Dr.            |
|                                                    | Suite 201                    |
| City                                               | Clearwater FL Zip Code 33764 |

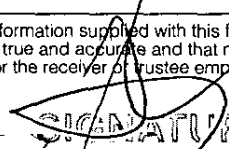
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Scott J. Tyler, Mgr. Mbr. 5-15-03  
(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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ROSS, ELLIOTT M<br>3001 EXECUTIVE DR., SUITE 250<br>CLEARWATER FL 33762 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Scott J. Tyler<br>4625 East Bay Dr., Suite 201<br>Clearwater, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 700019835877<br>05/23/03--01016--008 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>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:  SIGNATURE REQUIRED | Scott J. Tyler, MGRM | 5-15-03 | 727-536-5588    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE             |                      | Date    | Daytime Phone # |

CR2E083 (10/02)