2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0060022

DOCUMENT # L02000027112

1. Entity Name

GATEWAY 49TH STREET INDUSTRIAL PARK, LLC

FILED
2003 MAY 23 AM 11:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3001 EXECUTIVE DR. SUITE 250 CLEARWATER FL 33762 US	3001 EXECUTIVE DR. SUITE 250 CLEARWATER FL 33762 US

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4625 East Bay Dr.	4625 East Bay DR.
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.: Suite 201
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33764 Country: USA	Zip: 33764 Country: USA

4. FEI Number — X Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, ELLIOTT M
3001 EXECUTIVE DR.
SUITE 250
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, Mg. Mbr. 5-15-03
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	MGRM ROSS, ELLIOTT M 3001 EXECUTIVE DR., SUITE 250 CLEARWATER FL 33762 X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Scott J. Tyler 4625 East Bay Dr., Suite 201 Clearwater, FL 33764 X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700019835877
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	05/23/03--01016--008 **50.00 ☐ 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 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)