2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # L02000027369

1. Entity Name

FIRST TAMPA WEATHERSFIELD, LLC



FILED Mar 18, 2003 8:00 am Secretary of State
03-18-2003 90148 005 ****50.00

TAMPA FL 38393 US US 2. Principal Place of Business 3. Mailling Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Total Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES INSTALL PLACE INSTAL	Principal Plac	ce of Business	Mailing Address	Mailing Address								
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S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entry 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the Agent agraws registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the Agent agraws registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am fami	City & Stat	e	City & State	City & State			4. FEI Nun	nber - 1/3/67	42	·	<u></u>	
S. Name and Address of Current Registered Agent REIBER, SAM I 3821 HENDERSON BOULEVARD TAMPA FL 33629 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 familier with, and accept the obligations of registered agent. SIGNATURE THE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS MANAGERS THE NOW!! FEE IS \$50.00 MANAGING MEMBERS MANAGERS THE NOW!! FEE IS \$50.00 MANAGING MEMBERS MANAGERS THE NOW!! FEE IS \$50.00 THE NAME SIRET ADDRESS ON'S 7-7P TAMPA PL 33600 Delde THE NAME SIRET ADDRESS ON'S 7-7P THE NAME SIRET A	Zip	Country	Zip	Zip Cour			5. Certificate of Status Desired			\$5.00 Additional		
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1. I hereby certify that the information supplied with this filegrates 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 for rusting the programment of the security of the report as required by Chapter 508. Florida Statutes.	CITY-ST-ZIP		0 0								1	
	11. I hereby of indicated (ertify that the information supplies on this report is true and accurate oility company or the receiver or the company of the receiver of the company of the compan	d with this liberates not qualify for e and that my signature shall have	the exer	nption stated legal effect	d in Section as if made	n 119.07(3) under oat)(i), Florida Statutes. I fi h; that I am a managin	urther certify g member	/ that the ir or manage	nformation r of the	