

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90078 009 \*\*\*\*50.00

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**DOCUMENT # L02000027645**

1. Entity Name  
**CARNICK PROPERTIES, LLC**



Principal Place of Business  
**6029 MEMORIAL HIGHWAY  
TAMPA FL 33615**

Mailing Address  
**6029 MEMORIAL HIGHWAY  
TAMPA FL 33615**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LINSKY, MICHAEL A  
601 EAST TWIGGS STREET  
SUITE 200  
TAMPA FL 33602**

4. FEI Number  
**59-3709602**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>I GR</b> <b>Juan Carlos Almirola</b> <b>4715 Mullins Rd.</b> <b>Tampa, FL 33514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>I GR</b> <b>Caridad Almirola</b> <b>4715 Mullins Rd.</b> <b>Tampa, FL 33614</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>I GR</b> <b>Tina DeVito</b> <b>7302 Pelican Island Dr.</b> <b>Tampa, FL 33634</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>I GR</b> <b>Melissa Vivino</b> <b>8408 Flagstone Dr.</b> <b>Tampa, FL 33615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>I GR</b> <b>Tricia Hayter</b> <b>522 E. Davis Isle Blvd.</b> <b>Tampa, FL 33606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>I GR</b> <b>Meredith DeVito</b> <b>7302 Pelican Island Dr.</b> <b>Tampa, FL 33634</b>

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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: *Juan Carlos Almirola* **SIGNATURE REQUIRED** **4-2-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)