## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 07, 2003 8:00 am Secretary of State

DOCU 1. Entity Nat TCT, LLC					03-11-20	003 90026	034 ****5	55.00				
Principal Place of Business 182 S.E. HARBOR POINT DRIVE STUART FL 34996			Mailing Address 182 S.E. HARBOR POINT D STUART FL 34996	RIVE								
2. Principal Place of Business			3. Mailing Address	1								
1231 SW Sunset Trail Suite, Apt. #, etc.			1231 SW Sunse					-		****************		
City & State			City & State	1			4. FEI Nun	CHECK HI	ENC IF MAKIN		oplied For	1
Palm City, FL		City & State Palm City, FL				<u> </u>			Not Applicable			
34990		Country USA	Zip 34990	US			Certificate of Status Desired     Name and Address of New Registers			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent					_Name,	*	7. Name a	nd Address of No	w Registered	Agent		<u> </u>
GOOGE, HOWARD E JR. ESQ					Street /	ddress (P	O. Box Nurr	ber is Not Accept	able)	<u> </u>		=
STUART FL 34994							<del></del>	- <del>-</del>	<del></del> :			7
				City		<del></del>		·	FI	Zip Cod	le	7
8. The above the obliga	egisten	ed office o	r registere	d agent, or t	ooth, in the State o	f Florida. I am	familiar with,	and accept	1 .			
SIGNATURE	Signature, typed	or printed name of registered agent an	od title if spolicable. (NOTE:	Recistere	d Agent signer	ura required v	vhen renstating)		DATE		<del></del> :	1
			FILE NO						•			7
		orida De sy 1, 200	•	t of State								
9.		MANAGING MEMBER	S/MANAGERS	10.				ADDITIO	NS/CHANGES	5		
TITLE NAME .	MGRM Charl	es H. Sabin	Delete .	TITLE						☐ Change	Addition	10/05
STREET ADDRESS CITY-ST-ZIP		SW Sunset Trai City, FL 34990			ET ADDRESS ST-ZIP							CR2E083 (10/02)
TITLE	MGRM	CILY, FL 34990	Delete	TITLE						☐ Change	☐ Addition	- 185 - 185
NAME STREET ADDRESS		Ejups SW Supset Trai	7	NAMI STREE	ET ADORESS							
CITY-ST-ZIP	1231 SW Sunset Trail Palm City, FL 34990		Delete	CITY-	ST-ZIP					☐ Change	☐ Addition	-
NAME STREET ADDRESS			_ Duale	NAME		· · · · · · · · · · · · · · · · · · ·		·	· Nacional de la comp			<u></u>
CITY-ST-ZIP					ST-ZIP			<b>-</b>			· ·	
TITLE NAME			☐ Delete	TITLE NAME		!		•		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP							}
TITLE		<del> </del>	☐ Deleta	TITLE		<del></del> -				☐ Change	☐ Addition	1
STREET ADDRESS CITY-ST-ZIP					T ADDRESS St-zip							
MILE			☐ Delete	TITLE					<del></del> -	☐ Change	☐ Addition	1
NAME STREET ADDRESS				NAME STREE	T ADDRESS							
CHY-ST-ZIP	entify that the	information supplied with the	is filling dags not available for the		ST-ZIP	ad in Sart	ion 110 07/2	Vi) Clorida Chata	a l further co	*:h. 6h.n. 4h - :-	(ermelies	1
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.												
SIGNAT	SIGNATURE: WOULD HE WAS GRANDED BY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE											