2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000028148

Entity Name

T & B HOLDINGS OF FLORIDA, L.L.C.



FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90003 027 ****50.00

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Principal Plac	e of Business	Mailing Address								
16111 AVILA BOULEVARD TAMPA FL 33613		4002 CYPRESS COURT TAMPA FL 33624			4 I RO LLI	NA DA BEND MDR LERA	AARIA MƏHA AANIA C	1 80 f 1 810 1 (111):	0(00) (04) (04)	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State		4. FEI Number 11-3659091			—	Applied For Not Applicable	
Zip	Country	Zip	Country							
	6. Name and Address of Curren	t Registered Agent			7. Name ar	d Address of Ne	w Registered	Agent]
	argo, ted r e. Jackson street suite 240	00		Name Street Address (P.O. Box Number is Not Acceptable)						1
TAM	PA FL 33602									_
			City				Fl	Zip Co	de	}
	named entity submits this statement to one of registered agent.	for the purpose of changing its	registered office	or register	ed agent, or b	oth, in the State of	Florida. I am	familiar with	i, and accept]
SIGNATURE .	Signature, typed or printed name of registered agen	nt and title if applicable. (NOT	E: Registered Agent sign	nature required	when reinstating)		DATE			
		Make Check Payab	OW!!! FEE IS le to Florida D e By May 1, 20	epartme	nt of State					
9.	MANAGING MEMB	BERS/MANAGERS	10.			ADDITIO	NS/CHANGES	3		1
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NAME	Dayani, teri s		NAME							10
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	ertify that the information supplied wit	th this filing does not qualify fo		tated in Se	ction 119 07/3	Vi) Florida Statuta	as I further co	rtify that the	information	1

Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Horida 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR ANTHORIZED REPR

11/14/C

2, <u>XVU</u>) <u>XX3,237/\(\alpha\)</u>
Daytime Phone #