


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0005525

DOCUMENT # L02000030004 1. Entity Name THISTLE PARK, LLC	
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FILED

03 APR -3 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 390 N. ORANGE AVE., STE. 1100 ORLANDO FL 32801	Mailing Address 390 N. ORANGE AVE., STE. 1100 ORLANDO FL 32801
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☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 02-0656502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL, INC 390 N. ORANGE AVE., STE. 1100 ORLANDO FL 32801
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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 _____ (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
900015645009
04/10/03--01041--024 **50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME MGR Margaret Thomson STREET ADDRESS 26 Smithycroft CITY-ST-ZIP Hamilton, ML3 7UL	<input type="checkbox"/> Delete
TITLE NAME Scotland STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete
TITLE NAME MGR John Dalziel STREET ADDRESS 26 Smithycroft CITY-ST-ZIP Hamilton, ML3 7UL	<input type="checkbox"/> Delete
TITLE NAME Scotland STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete

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
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
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: SIGNATURE REQUIRED **Margaret Thomson** **03/10/03** **011441698 2854 6**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)