LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032190

1. Entity Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D & P TOWNSEND, LLC



FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90001 036 ****55.00

D												

2. Principal F	Place of Business	3. Mailing Address									
402	Fern Cliff Ave.	San	10								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Stat		City & State			4. FEI Number		Applied For				
Templ	e lerrace, FL				45-0491819		Not Applicable				
zip 93 6	Country USH Hillshorough	Zip	Country		5. Certificate of Status Desired	□ \$5	.00 Additional Required				
					7. Name and Address of Current Registered Agent						
	DO NOT W	SITE	,	lame	L. Townsend	•					
	<u>DO NOT WI</u>	KIIE.	S	Street Address (P.O. Box Number is Not Acceptable) FOR FORM (Life Mile)							
	IN THIS SP	ACF	<u>-</u>								
	en de la composition de la composition De la composition de		C	ity Temr	ole Terrace	FL	Zip Code				
8. The above	named entity submits this statement for	the purpose of changing it	ts registered o	ffice or registere	ed agent, or both, in the State of Flo	rida. Lam famili					
the obligat	ions of registered agent.		Ü	J	.		<u>,</u>				
SIGNATURE .											
SIGNATURE .	Signature, typed or printed name of registered agent an	dittle if applicable.			nte contrace paleo i mico mora de contrace	DATE					
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			DUE BY M	AY 1							
9.	MANAGING MEMBER		Salte de protecto de								
TITLE NAME	Baria L. Townsence	1	TITLE NAME								
STREET ADDRESS	402 Fern Cliff Ave		STREET AD	ORESS .							
CITY-ST-ZIP	Temple Terrace FL	33617	CITY-ST-7	atenani Bilingan							
TITLE	MGRM.		TITLE				*				
NAME	Famela S. Townsen 402 Fern Cliff Ave.	id	NAME								
STREET ADDRESS	402 Fern Cliff Ave.	02/10/	STREET AD	ACTION OF THE PERSONS AND ASSESSED.							
CITY-ST-ZIP	Temple Terrace, 1	L 3361 1	CITY-ST-Z	JP							
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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E083B (12/02)