UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90046 011 ***150.00

DOCUMENT # L04000088069

1. Entity Name

FINN PROPERTIES, LLC.

60040722

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1401 5th Street N	1401 5th Street N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33704 Country: U.S.A.	Zip: 33704 Country: U.S.A.

4. FEI Number: 52-2447128 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Daniel Finn

Street Address (P.O. Box Number is Not Acceptable): 1401 5th Street N

City: St. Petersburg FL Zip Code: 33704

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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

Section Certified Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Daniel Finn -Managing Member 1401 5th Street N St. Petersburg, FL 33704	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Patricia Finn -Managing Member 1401 5th Street N St. Petersburg, FL 33704	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this report 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DANIEL Finn 4/17/07 727-823-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #