

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001313

1. Entity Name

WALTER PROPERTY INVESTMENTS, LLC

Principal Place of Business

Mailing Address

~~4320 W. KENNEDY BOULEVARD~~
~~TAMPA FL 33609~~

~~4320 W. KENNEDY BOULEVARD~~
~~TAMPA FL 33609~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

777 S. Harbour Island Blvd.

777 S. Harbour Island Blvd.

City & State
Suite 360

City & State
Suite 360

Zip
Tampa, Florida 33602

Zip
Tampa, Florida 33602

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTER, ROBERT A

~~4320 W. KENNEDY BOULEVARD~~
~~TAMPA FL 33609~~

Name

Street Address (Post Box Number is Not Acceptable)

777 S. Harbour Island Blvd.

Suite 360

City

Tampa, Florida 33602 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME WALTER, ROBERT A
STREET ADDRESS 4320 W. KENNEDY BOULEVARD
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE
NAME 777 S. Harbour Island Blvd.
STREET ADDRESS Suite 360
CITY-ST-ZIP Tampa, Florida 33602 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

7-9-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 JUL 11 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

CR2E083 (5/01)

STAPLE CHECK HERE