APPROVED AND

3/29/00

(402) - 393 - 4100

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

	MENT#	L9600000	01320			-	Fill	LEU			83 An
1. Entity Name DLR BAYSHORE BUILDING LLC							00 MAR 31 PM 1:08				
							SECRETAR	Y DE ST	ATF		
Principal Plac	e of Business	iMai	iling Address				SECRETAR TALLAHASS	SEĔ, FĽÖ	ŘÍĎA		
601 W. SWANN AVE.			DLR BAYSHORE BLDG. LLC						1	12	
TAMPA FL 338	606		400 ESSEX COURT-REGENCY PARK OMAHA NE 68114-3778				•	~	711	1	
		UW	MANE 00114-3//0								
2. Principal Place of Business		3. N	3. Mailing Address					TO		I IANA NON ANA	
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
			No. 0 Ct-1-		 -	4 551	li meti.		- I IA	police For	7
City & State			City & State			4. FEI Number 59-3418500 Applied For Not Applicable					
Zip Cou		try Zip		Country		5. Cert	ificate of Status De	sired	\$5.00 Ad Fee Require		
	6. Name and Ad	dress of Current Registe	ered Agent			7. Nam	e and Address of	New Registe			_
					Name						1
MERADITH, STANLEY M 601 W SWANN AVE					Street Addre	ss (P.O. Box N	lumber is Not Acc	eptable)			
TAMPA FL								- A-FWT		<u> </u>	1
!		ļ.				City FL Zip C				de	1
8. The above	named entity submit	this statement for the pu	rpose of changing it	s registere	ed office or reg	istered agent,	or both, in the Stat				1
	· · · · · · · · · · · · · · · · · · ·										
SIGNATURE .	Signature, typed or printed in	ame of registered agent and title if	applicable. (NC	TE: Registere	d Agent signature rec	quired when reinstat	ing)		DATE		
			FILE	ו ווושסו	FEE IS \$50.	nn					
			Make Check P		,						
9.		ANAGING MEMBERS/M	EMBERS	10.			ADDI:	TIONS/CHAN	NGES		4
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NAME	HALLOCK, DALE			NAN							18
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TITLE NAME		! 		NAM							
STREET ADDRESS		!			ET ADDRESS						
11 I hereby o	certify that the informs	tion supplied with this file	na does not auglify f	or the exe	motion stated i	n Section 119	07(3)(i) Florida St	atutes I furth	er certify that the	information	-
STREET ADDRESS CITY-ST-ZIP 11. I hereby condicated	l on this record is time.	ation supplied with this fill and accurate and that my regeiver or trustee empo	/ signature shall have	street city	et address - 81- ZIP - mption stated in the legal effect as	s if made unde	roath: that I am a	atutes. I furth	er certify that the nember or manag	information er of the	