2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000328

1. Entity Name
CASA DE NINOS PROPERTIES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 17 AM 10:21

Principal Place of Business	Mailing Address
2002 E. 4TH AVENUE TAMPA FL 33605	3017 WYNFREY PLACE MARIETTA GA 30064-5023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1213 East Sixth Ave
City & State	City & State Tampa FL
Zip / Country	Zip 33605 / Country US

4. FEI Number 59-3441773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DECEMBER, CHRIS 2002 E. 4TH AVENUE TAMPA FL 33605	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

mf 2/29/00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM GAINES, STEPHANIE D ~~1213 EAST SIXTH AVE.~~ ~~TAMPA FL 33605~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3214 W. Tacon St Tampa FL 33629	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM GAINES, RONALD ~~1213 EAST SIXTH AVE.~~ ~~TAMPA FL 33605~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3214 W. Tacon St. Tampa FL. 33629	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM DECEMBER, CHRISTOPHER K 3017 WYNFREY PALCE MARIETTA FA 30064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2421 88th Ave NE Clyde Hill WA 98004	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM DECEMBER, STEPHANIE M 3017 WYNFREY PLACE MARIETTA FA 30064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2421 88th Ave NE Clyde Hill WA 98004	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM SMITH, MIKE 1213 EAST SIXTH AVE. TAMPA FL 33605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	106 Bremen LN Mc Murray, PA 98004	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500031553153 -03/03/00--01059--012 *****50.00 *****50.00	☐ Change ☐ Addition

CR2E083 (9/99)

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 Christopher December 01/10/00 206-515-2330
*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #