

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90317 021 ****50.00

DOCUMENT # L98000000740

1. Entity Name

261 INVESTMENT, L.C.



Principal Place of Business

**932 GOLFVIEW
TAMPA FL 33629**

Mailing Address

**C/O MICHAEL D. ANNIS
ONE TAMPA CITY CENTER, SUITE 2100
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

932 Golfview

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33629

USA

4. FEI Number

59-3567765

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

ANNIS, MICHAEL D

**100 NORTH TAMPA STREET, SUITE 2700
TAMPA FL 33602**

Name

Patricia C. Sullivan

Street Address (P.O. Box Number is Not Acceptable)

932 Golfview

City

Tampa

FL

Zip Code

33629

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

Patricia C. Sullivan

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 15 2003

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **SULLIVAN, PATRICIA C**
STREET ADDRESS **932 GOLFVIEW**
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

Patricia C. Sullivan

Patricia C. Sullivan, Mgr.

813-254-4454

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

Date

Daytime Phone #

CR2E083 (10/02)