

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM****Secretary of State****DOCUMENT # L98000000803**1. Entity Name
G AND L REAL ESTATE HOLDINGS, L.L.C.

Principal Place of Business 535 CENTRAL AVENUE, SUITE 300 ST. PETERSBURG FL 33701	Mailing Address 535 CENTRAL AVENUE, SUITE 300 ST. PETERSBURG FL 33701
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2. Principal Place of Business 13350-86TH.AVE Suite, Apt. #, etc.	3. Mailing Address 13350-86TH.AVE Suite, Apt. #, etc.
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City & State SEMINOLE FL	City & State SEMINOLE FL
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Zip 33776	Country	Zip 33776	Country
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4. FEI Number 59-3556901	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEAHY TIMOTHY B 535 CENTRAL AVENUE, SUITE 300 ST. PETERSBURG FL 33701 US	7. Name and Address of New Registered Agent Name LA TORRE JOSEPH L Street Address (P.O. Box Number is Not Acceptable) 13350 86TH AVE. City SEMINOLE FL Zip Code 33776
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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 **JOSEPH L. LA TORRE** **04/27/2001**
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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LA TORRE JOSEPH 13350 86TH AVENUE SEMINOLE FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Joseph La Torre** Mgr **04/27/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)