

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90213 015 ****50.00

DOCUMENT # L98000001747

1. Entity Name
BLUEDOG REALTY, L.C.

Principal Place of Business
**400 NORTH TAMPA STREET, SUITE 2300
 TAMPA FL 33602**

Mailing Address
**400 NORTH TAMPA STREET, SUITE 2300
 TAMPA FL 33602**

2. Principal Place of Business
4004 S. MacDill Ave
 Suite, Apt. #, etc.

3. Mailing Address
4004 S. MacDill Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tampa, Florida
 Zip
33611
 Country
USA

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Tampa, Florida
 Zip
33611
 Country
USA

4. FEI Number **59-3533204**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GOODWIN, JAMES W
 400 NORTH TAMPA STREET, SUITE 2300
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **O'TOOLE, TIMOTHY**
 STREET ADDRESS **18 LINDEN HILL DRIVE**
 CITY-ST-ZIP **CRESCENT SPRINGS KY 41017**

TITLE **MGRM** ☐ Delete
 NAME **MARTIN, MICHAEL A**
 STREET ADDRESS **3202 CHAPIN AVENUE**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

[Signature]

4/30/02 8135398660

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

Date

Daytime Phone #

CR2E083 (9/01)