

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90008 018 ****50.00

DOCUMENT # L98000003206

1. Entity Name

TOC REAL ESTATE INVESTORS, L.L.C.



Principal Place of Business

**1035 NW 57TH STREET
GAINESVILLE FL 32605**

Mailing Address

**1035 NW 57TH STREET
GAINESVILLE FL 32605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3549387**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HARRIS, FRED F ESQ.
101 EAST COLLEGE AVENUE
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAKE, W. PRESTON M.D. 6900 N.W. 9TH BLVD. GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSH, CLINTON G III 720 S.W. 2ND AVENUE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAFKE, EDWARD M M.D. 720 S.W. 2ND AVENUE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, KIPP W M.D. 1121 NW 64TH TERRACE GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANE, TIMOTHY M.D. 720 S.W. 2ND AVENUE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARR, PHILLIP L M.D. 6900 N.W. 9TH BLVD. GAINESVILLE FL 32605	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

Michael A. [Signature]
REQUIRED

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

Date

Daytime Phone #

3/24/03 352-332-6565 ext. 25

CR2E083 (10/02)

Attachment

Attachment to 2003 Limited Liability Company Uniform Business Report (UBR)

Entity Name: TOC Real Estate Investors, L.L.C. (Document #: L98000003206)

30047233

In addition to the Managing Members / Managers listed in Box 9, listed below are the names of all other Managing Members and Managers:

Title MGRM
Name Slattery, James B.
Street Address 1015 NW 56th Terrace
City-St-Zip Gainesville, FL 32605

Title MGRM
Name Petty, Mark A.
Street Address 720 SW 2nd Avenue, Suite 360
City-St-Zip Gainesville, FL 32605

Title MGRM
Name Kabeer, Adil
Street Address 1015 NW 56th Terrace
City-St-Zip Gainesville, FL 32605

Title MGRM
Name Sharkey, Arthur M.
Street Address 1015 NW 56th Terrace
City-St-Zip Gainesville, FL 32605

Title MGRM
Name Maxey, Amanda G.
Street Address 720 SW 2nd Avenue, Suite 360
City-St-Zip Gainesville, FL 32605

Title MGRM
Name Powell, Rodger D.
Street Address 1015 NW 56th Terrace
City-St-Zip Gainesville, FL 32605

Title MGRM
Name Stevenson, John C.
Street Address 1121 NW 64th Terrace
City-St-Zip Gainesville, FL 32605

Title MGRM
Name Waters, J. Stephen
Street Address 720 SW 2nd Avenue, Suite 360
City-St-Zip Gainesville, FL 32605

Title MGR - CEO
Name Brill, Eric J.
Street Address 1035 NW 57th Street
City-St-Zip Gainesville, FL 32605

Title MGR - CFO
Name Anderson, Michael A.
Street Address 1035 NW 57th Street
City-St-Zip Gainesville, FL 32605