

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90272 012 ****50.00

DOCUMENT # L98000003290

1. Entity Name
SECURITY TRUST INCOME FUND, L.L.C.



Principal Place of Business
**245 SAN CARLOS ST
NOKOMIS FL 34275**

Mailing Address
**245 SAN CARLOS ST
NOKOMIS FL 34275**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0671850**

Applied For

Not Applicable

Zip Country

Zip Country

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

**MUSOLINO, DONALD L
245 SAN CARLOS S
NOKOMIS FL 34275**

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

Donald L. Musolino

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

*Renewal 2004
+ one deletion*

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☒ **MGRM** ☐ Delete
NAME **MUSOLINO, DONALD L**
STREET ADDRESS **245 SAN CARLOS S**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Change ☐ Addition
NAME **ALL OTHER OK**
STREET ADDRESS **ONE DELETION**
CITY-ST-ZIP

TITLE ☒ **MGRM** ☒ Delete
NAME **ROSE GUYRK**
STREET ADDRESS **7303-52nd Terr, E**
CITY-ST-ZIP **Bradenton, FL 34203-7913**

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

TITLE ☒ **MGRM** ☐ Delete
NAME **LES KIRSTEIN**
STREET ADDRESS **498 E. MacEwen Dr.**
CITY-ST-ZIP **Osprey, FL 34229**

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

TITLE ☒ **MGRM** ☐ Delete
NAME **MORTON MYERSON**
STREET ADDRESS **5 Bob White Lane**
CITY-ST-ZIP **Cataumet, MA 02534**

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

TITLE ☒ **MGRM** ☐ Delete
NAME **JOSEPH ZITKUS**
STREET ADDRESS **1215 S. Portofino Dr.**
CITY-ST-ZIP **Sarasota, FL 34243**

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

TITLE ☒ **MGRM** ☐ Delete
NAME **RICHARD WESTLUND**
STREET ADDRESS **9307 - 65th Ave. E.**
CITY-ST-ZIP **Bradenton, FL 34202**

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:

Donald L. Musolino **Security Trust 2-10-03 741-485-9457**

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

Date

Daytime Phone #