2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # L9900000262 1. Entity Name TSI PROPERTY, L.C. | | | | | | | | FILED | | | | | | | | | | | | | |
|---|----------------|---|------------|--|--------------------|--|---|---|----------------|--|----------------------------------|-------------------------|----------|--|--|--|--|--|--|--|--|
| Principal Place of Business 15451 SWEETWATER COURT FORT MYERS FL 33912 | | | | Mailing Address 15451 SWEETWATER COURT FORT MYERS FL 33912 | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | | | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | | | | FRIN He nn Hann | 00 } | | | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | |
| City & State | | | | City & State | | | | 4. FEI Number 65-0888181 Applied For Not Applicable | | | | | | | | | | | | | |
| Zip Country | | | Z | þ | ntry | 5. Cert | 5. Certificate of Status Desired \$5.00 Additional Fee Required | | | | ditional | 1 | | | | | | | | | |
| 6. Name and Address of Current I | | | | ered Agent | | 7. Nam | e and Add | ress of New | Registered / | <u>'</u> | | 1 | | | | | | | | | |
| | | | | لواجه يرازيه معادة | | Name | | ام دسائد. | _ | | | | | | | | | | | | |
| CAUDILL, GLENN E 15451 SWEETWATER COURT | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | | | | | | |
| FORT MYERS FL 33912 | | | | | | | | | | | | | 1 | | | | | | | | |
| | | | | | City | FL Zip Code | | | | | е | 1 | | | | | | | | | |
| 8. The above | named entity | submits this statement f | or the pu | rpose of changing its | register | ed office or reg | gistered agent, | or both, in | the State of F | lorida. | | | 1 | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered | | | | | | | equired when reinstal | ing) | | DATE | | | 4 | | | | | | | | |
| | | | | FILE NO Make Check Pay | | FEE IS \$50 to Departme | | | | | | | | | | | | | | | |
| 9. MANAGING MEME | | | | L EMBERS | | | l. | ADDITIONS | S/CHANGES | <u> </u> | | - | | | | | | | | | |
| TITLE | MGR | | | ☐ Delete | TITL | E | | | | | ☐ Change | ☐ Addition | (11/00) | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | GLENN E EETWATER COURT ERS FL 33912 | | | | ME EET ADORESS Y-ST-ZIP | | | | | | | F083 (11 | | | | | | | | |
| TITLE NAME | | | | ☐ Delete | TITL | 1E | | | | | Change | Addition | رة ⊢ | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | EET ADDRESS (-ST-ZIP | | 80 | 0003 | | 64 8 | 2 | | | | | | | | | |
| TITLE | | | | ☐ Delete | TITL | ľ | | | -02/2 | | Unange ***** | Addition | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | . نوخ | | | in Paris i Service de la Companya d La companya de la Co | | EET ADDRESS (-ST-ZIP | مهريده مني ج يند | | वानामकः | *ວົນ.ບົດ | करवर-व <u>र</u> -वरक | 99. OO | : 5 | | | | | | | | |
| TITLE NAME STREET ADDRESS | | , | | ☐ Delete | TITL NAM STR | | | | | | Change | ☐ Addition | | | | | | | | | |
| CIJY-ST-ZIP | | | | ☐ Delete | CITY | (-ST-ZIP E | · · · · · · · · · · · · · · · · · · · | | | | ☐ Change | Addition | - | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | 1 | ME EET ADDRESS Y-ST-ZIP | · | | | i | | | | | | | | | | | |
| TITLE NAME STREET ADDRESS | | | | ☐ Delete | TITL NAM | E | | | 4 | 7 | ☐ Change | Addition | 1 | | | | | | | | |
| CITY-ST-ZIP | | | L 11 2 *** | | | /-ST-ZIP | 1-0 | 07/5/# = | | 10.00 | | | - | | | | | | | | |
| indicated | on this report | information supplied wit is true and accurate and y or the receiver or truste | d that my | signature shall have t | he sam | e legal effect a | as if made unde | r oath; tha | it I am a mana | . I turther cer aging membe | tity that the it er or manage | ntormation er of the | | | | | | | | | |
| SIGNAT | URE: _ | NO TYPED OR PRINTED NAME | DF SIGNING | ALL GLEN MANAGING MEMBER, MAN | WE. | 440/LL | | -22- | O/ Date | SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Description Priorie # | | | | | | | | | | | |