

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L99000000847**

1. Entity Name

TEN SQUARE PROPERTIES, LLC

Principal Place of Business

**C/O RICHARD PATIERNO
1896 CLUBHOUSE DRIVE
DAYTONA BEACH FL 32124****32148**

Mailing Address

**C/O RICHARD PATIERNO
1896 CLUBHOUSE DRIVE
DAYTONA BEACH FL 32124****32148**

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

65-0882847

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**STORCH, GLENN D ESQ
STORCH HANSEN & MORRIS PA
420 S NOVA RD
DAYTONA BEACH FL 32114**

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 MGR
NAME GRASSANO, ALAN R
STREET ADDRESS 2410 NW 49TH LANE
CITY-ST-ZIP BOCA RATON FL 33431** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete

10. ADDITIONS/CHANGES

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

SIGNATURE REQUIRED

1-8-02

386-679-9009

**FILED
Jan 11, 2002 8:00 am
Secretary of State**

01-11-2002 90011 019 ****50.00

902382

DO NOT WRITE IN THIS SPACE

0024131

CR2E083 (9/01)