

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90753 018 \*\*\*\*50.00

**DOCUMENT # L99000000926**

1. Entity Name

**HOWARD/NEBRASKA LLC**



Principal Place of Business

**101 EAST KENNEDY BOULEVARD, SUITE 1450  
TAMPA FL 33602**

Mailing Address

**P.O. BOX 349  
TAMPA FL 33601**

2. Principal Place of Business

**2910 W. Bay to Bay Blvd.  
Suite, Apt. #, etc.  
300**

3. Mailing Address

**2910 W. Bay to Bay  
Suite, Apt. #, etc.  
Suite 300**

City & State

**Tampa, FL**

City & State

**Tampa, FL**

Zip

**33629**

Country

**USA**

Zip

**33629**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3562938**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WARD, DAVID E JR**

**101 EAST KENNEDY BOULEVARD, SUITE 1450  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

**David E. Ward, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**2910 W. Bay to Bay Blvd.**

**Suite 300**

City

**Tampa**

FL

Zip Code

**33629**

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

*David E. Ward, Jr.*

**DAVID E. WARD JR.**

**4/14/03**

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

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 ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **WARD, DAVID E JR**  
CITY-ST-ZIP **101 EAST KENNEDY BOULEVARD, SUITE 1450  
TAMPA FL 33602**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME **MGRM**  
STREET ADDRESS **Ward, David E. Jr.**  
CITY-ST-ZIP **2910 W. Bay to Bay Blvd, Suite 300  
Tampa, FL 33629**

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

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

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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** *David E. Ward, Jr.* **SIGNATURE REQUIRED**

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

**4/14/03**

Date

**1/13/223-4496**

Daytime Phone #

CR2E083 (10/02)

0058192