FILED

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

SIGNATURE

## Apr 03, 2002 8:00 am Secretary of State DOCUMENT # 19900000945 -04-03-2002 90020 011 \*\*\*\*50 00 ANTONIOU PROPERTIES OF FLORIDA, LLC Principal Place of Business Mailing Address 2110 PINNACLE CIR. NORTH 2110 PINNACLE CIR. NORTH PALM HARBOR FL 34684-1767 PALM HARBOR FL 34684-1767 2. Principal Place of Business 3. Mailing Address 5101 ORANGE BLOSSOM 16537 DORCHESTER WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-3456038 WOODSTOCK, KISSIMMEE Not Applicable Zip Country Zip. \$5.00 Additional 5. Certificate of Status Desired $\Box$ a1163 Fee Required 6. Name and Address of Current Registered Agent = -7.=Name and Address of New Registered Agent HEIDENRICH LEWIS HEIDENRICH, LEWIS H Street Address (P.O. Box Number is Not Acceptable) 2541 SKIPPER TRAIL CLEARWATER FL 33761-1117 243 N.W. 121 TERRACE 6. The above named entity submits this platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. HEIDENRICH SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES (9/01) MGRM TITLE ☐ Delete TITLE MGRM Change ☐ Addition ANTONIOU, THOMAS S 10537 DORCHESTER WAY ANTONIOU, THOMAS S NAME NAME STREET ADDRESS STREET ADDRESS 2110 PINNACLE CIR. NORTH CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684-1767 WOODSTOCK MD MGRM ☐ Delete Change TITLE TITLE MGRM ☐ Addition ANTONIOU VANESSA P. 10537 DÉRCHESTER WAY NAME ANTONIOU, VANESSA P NAME STREET ADDRESS 2110 PINNACLE CIR. NORTH STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684-1767 CITY-ST-ZIP WOODSTOCK MD 21163 TITLE ☐ Addition TITI E ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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 t 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.

" I Throma UIR ETHOMAS S. ANBNAY 3-19-2002 (410) 263-2