

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **L99000001114**

1. Entity Name
THOMPSON STATION ENTERPRISES, L.L.C.

00 JUN -5 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Check Address
24681.0001*

Principal Place of Business Mailing Address
~~200 SOUTH BISCAYNE BLVD., SUITE 4750~~ **200 SOUTH BISCAYNE BLVD., SUITE 4750**
MIAMI FL 33131 MIAMI FL 33131-2303



2. Principal Place of Business 3. Mailing Address
201 South Biscayne Blvd **201 South Biscayne Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
30th FL **30th FL.**

DO NOT WRITE IN THIS SPACE

City & State City & State
MIAMI, FL **MIAMI, FL.**

Zip Country Zip Country
33131 USA **33131 USA**

FEI Number **65-0897927** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SOUTH FLORIDA RESIDENT AGENTS, INC.
200 SOUTH BISCAYNE BLVD., SUITE 4750
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name **B&C CORPORATE SERVICES, INC.**
Street Address (P.O. Box Number is Not Acceptable) **201 S. BISCAYNE BOULEVARD, 30TH FLOOR**
City **MIAMI** **FL** **33131**

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 *Arnold Salgado* *Vice President 04/29/00*
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

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERON, LEON C JR. 1000 THOMPSON STATION ROAD WEST PO Box 241 THOMPSON STATION TN 37179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERON, CYNTHIA LEE 1000 THOMPSON STATION ROAD WEST PO Box 241 THOMPSON STATION TN 37179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003342952--1 -08/02/00--01003--003 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rem...* **SIGNATURE** **04/25/00** **615-595-5877**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

0002611 JN

CR2E083 (9/99)