

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002998

1. Entity Name

THE FIRST AMERICAN INVESTMENT HOLDINGS, L.L.C.

FILED

00 JAN 27 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

601 SOUTH HARBOUR ISLAND BLVD., STE 200
TAMPA FL 33602

Mailing Address

601 SOUTH HARBOUR ISLAND BLVD., STE 200
TAMPA FL 33602-5925

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

59-3545002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODGES, GEOFFREY TODD ESQUIRE
400 NORTH TAMPA STREET, SUITE 2630
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Geoffrey Todd Hodges

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

601 South Harbour Island Boulevard

Suite 200

City

Tampa

FL

Zip Code

33602

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

Geoffrey Todd Hodges

1/4/99

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☒ Delete
NAME PETERSON, PETER M
STREET ADDRESS 601 SOUTH HARBOUR ISLAND BLVD., SUITE 200
CITY-ST-ZIP 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 Manager ☐ Change ☒ Addition
NAME Scott Grandbouche
STREET ADDRESS 601 South Harbour Island Blvd., Suite 200
CITY-ST-ZIP Tampa, FL 33602

TITLE Manager ☐ Change ☒ Addition
NAME Ted Widowiak
STREET ADDRESS 601 South Harbour Island Blvd., Suite 200
CITY-ST-ZIP Tampa, FL 33602

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

813-222-2223

CR2E083 (9/99)