

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 26 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004590

1. Entity Name
FALKENBURG COMPANY L.L.C.

Principal Place of Business C/O CRAIG E. BEHRENFELD 601 BAYSHORE BOULEVARD, SUITE 700 TAMPA FL 33606	Mailing Address C/O CRAIG E. BEHRENFELD 601 BAYSHORE BOULEVARD, SUITE 700 TAMPA FL 33606
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>c/o Steve Samaha</i> One Tampa City Center Suite, Apt. #, etc. 201 N. Franklin St. City & State Tampa, FL Zip 33602 Country USA	3. Mailing Address <i>c/o Steve Samaha</i> One Tampa City Center Suite, Apt. #, etc. 201 N. Franklin St. City & State Tampa, FL Zip 33602 Country USA
--	--

4. FEI Number 59-3466234	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEHRENFELD, CRAIG E
601 BAYSHORE BOULEVARD, SUITE 700
TAMPA FL 33606

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 _____ (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 MGR	<input type="checkbox"/> Delete
NAME SAMAHA, STEVEN M	
STREET ADDRESS 3200 LAWN AVENUE	
CITY-ST-ZIP TAMPA FL 33611	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Steven M. Samaha	
STREET ADDRESS One Tampa City Center	
CITY-ST-ZIP 201 N. Franklin St., Suite 2600 Tampa, FL 33602	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100004190871--5
-05/09/01--01076--002
******50.00 ****50.00**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* **SIGNATURE REQUIRED** **4-23-01** **813 228 8090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0017261 AF

CR2E083 (11/00)