

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006403

1. Entity Name
E-TINIAN, L.L.C.



Principal Place of Business
**2100 COUNTRY CLUB RD
SANFORD, FL 32771**

Mailing Address
**2100 COUNTRY CLUB RD
SANFORD, FL 32771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3497806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAY, N. DWAYNE JR.
C/O GREENSPOON, MARDER, ET AL
135 WEST CENTRAL BOULEVARD, SUITE 1100
ORLANDO, FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

500017624135
04/30/03--01122--024 **150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILARDI MANAGMENT SERVICES, LLC 2100 COUNTRY CLUB RD SANFORD, FL 32771	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLATER, JOHN 615 COPELAND MILL ROAD WESTERVILLE, OH 43081	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, N. DWAYNE JR 135 WEST CENTRAL BLVD., STE 1100 ORLANDO, FL 32801	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 506, Florida Statutes.

SIGNATURE:

N. Dwayne Gray, Jr.

N. Dwayne Gray, Jr. MGR 4/23/03 407-425-6559

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

Date

Daytime Phone #

CR2E083 (10/02)