2000 UNIFORM BUSINESS REPORT (UBR)

L99000006855 DOCUMENT # 1. Entity Name 62ND STREET, L.L.C. Principal Place of Business

Mailing Address INENTAL COMMERCE CENTER 3340 SCHERER DRIVE, Ste. "A."

KPPROVEU AIL

00 JUN -6 PM 2: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3340 SCHERER DRIVE ST PETERSBURG FL 33716		3340 SCHERER DRIVE STO "A" ST PETERSBURG FL 33716-1013)				
2. Principal Place of Business .		3. Mailing Addr	3. Mailing Address			{#\$14#}, #{# +#{ # +#} ## ## ##	1 82 111 48 1	1 2 4 (12) (41 0)	#11#1 #111 1##1	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number			Applied For X Not Applicable		
Zip	Zip Country Z		p Country		5. Certif	icate of Status Desired		5.00 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
				Name						
GASSMAN, ALAN S 1245 COURT STREET				Street Addres	ss (P.O. Box N	umber is Not Acceptable)				
STE 102 CLEARWATER FL 33756			:	City			FL	Zip Cod	e	
8 The above	named entity submits this statement f	or the purpose of ch	nanging its registe	red office or regis	stered agent,	or both, in the State of Florida.		l		
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SIGNATURE .	Signature, typed or printed name of registered ager	Total Company	(NOTE Pagistas	red Agent signature regi	ired whee rejectati		DATE			
	Signature, typed or printed name or registered ager	к ала иле и аррисавле.	(NOTE: Register	eu Ageni signistire requ	DIFFO WHICH TEN GLEAN					
		Make C	FILE NOW!!! Check Payable	•		, ,				
9.	MANAGING MEMI	BERS/MEMBERS	10			ADDITIONS/CHAP	NGES	·		
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STREET ADDRESS				REET ADDRESS					i	
CITY-ST-ZIP	}		tia .	Y-\$7-ZIP					1	

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 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.

Trustee of Gerald Gehrand Living Trust, General Gerald Gehrand Partner

SIGNATURE:

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

4-25.00

Date

Daytime Phone #