2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # .99000008328 1. Entity Name 04-16-2002 90084 004 ****55.00 TAMPA BAY INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 3512 KILMER DRIVE 3512 KILMER DRIVE PLANT CITY FL 33567 PLANT CITY FL 33567 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3610906 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, SURESH Street Address (P.O. Box Number is Not Acceptable) 3512 KILMER DRIVE PLANT CITY FL 33567 City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGRM TITLE Defete MGRM ☐ Change Addition NAME PATEL. SURESH S NAME SHELAT, RONAK B STREET ADDRESS STREET ADORESS 3512 KILMER DRIVE 12401 CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33567 ☐ Change TITLE MGRM ☐ Delete TITLE ☐ Addition NAME PATEL, SHARAD J NAME STREET ADDRESS STREET ADDRESS 3111 MOSSVALE LANE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** ☐ Delete TITLE ☐ Change ☐ Addition TITLE MGRM NAME PATEL, GARGI S NAME STREET ADDRESS STREET ADDRESS 3111 MOSSVALE LANE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** ☐ Change TITLE MGRM ☐ Delete TITI F ☐ Addition NAME PATEL, SUDHIR D NAME STREET ADDRESS STREET ADDRESS 1402 ESSEX GREEN CITY-ST-ZIP CITY-ST-ZIP COLLEGE STATION TX 77845 Delete TITI F MGRM TITLE ☐ Change ☐ Addition NAME PATEL, RAJNIKANT R NAME STREET ADDRESS STREET ADDRESS 18 OAKLEIGH BLVD. CITY-ST-ZIP CITY-ST-ZIP **BEAUMONT TX 77706** MGRM ☐ Addition TITLE ☐ Delete TITLE Change PATEL, SUBHASH A NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1803 MAIDEN HAIR LANE

SUGARLAND TX 77479

(9/01)