2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0200001239

1. Entity Name

FTOR PROPERTIES, ILC



FILED Mar 14, 2003 8:00 am Secretary of State 03-14-2003 90001 007 ****50.00

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2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Sute, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State City & State Zip Country Zip Country A. FEI Number 41-2010697 PAR NELSON, LARRY W 201 WEST FIRST STREET SANFORD FL 32771 B. The above named entity submits this stalement for the purpose of changing its registered diffice or registered agent, or both, in this State of Fordia. I am familiar with, the obligations of registered agent agent SIGNATURE MARK Check Payable to Florida Department of State 9. MANACING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due by May 1, 2003 9. MANACING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State PAULUCCI, JENO F SITIET ALORESS OITY-ST-2P PAULUCCI, MICHAEL J SIRRET ADDRESS OITY-ST-2P PAULUCCI, MICHAEL J SIRRET ADDRESS OITY-ST-2P DUITH MN 55802 Delete TITLE NAME NAME				-		Mailing Address	ness	l Place of Bus	Principal Pla
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City & State Country S. Certificate of Status Desired Status Desired State Address of New Registered Agent NeLSON, LARRY W 201 WEST FIRST STREET SANFORD FL 32771 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of reg		/(1811 III BOITO IIBII DONII BOITI DONII BOITA	1100				0 -1 # -4-	Cuita Am
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Signature, typed or printed name of registared apport and tille. If applicable. (NOTE: Registared Apport signature recivited when reinstating). DATE		•					istered agent.	oligations of re	the obliga
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM PAULUCCI, JENO F STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771 TITLE MGRM PAULUCCI, MICHAEL J STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE C Change C C C C C C C C C C C C C C C C C C C			DATE	required when reinstating)	E: Registered Agent signature	title if applicable. (NOTE	ed or printed name of registered agent and	RESignature, (SIGNATURE
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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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).					CITY-SI-ZIP				

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.