

2001 UNIFORM BUSINESS REPORT (UBR)

0030702 AB

DOCUMENT # M94000000156

1. Entity Name
2001 TAMPA LLC, L.C.

FILED

01 APR 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4607 SUMAC ROAD
MIDDLETON WI

Mailing Address

4607 SUMAC ROAD
MIDDLETON WI

2. Principal Place of Business

1303 Beverly Hills #160
Suite, Apt. #, etc.

3. Mailing Address

1303 Beverly Hills #160
Suite, Apt. #, etc.

City & State

Houston TX

Zip 77057

Country US

City & State

Houston TX

Zip 77057

Country US

4. FEI Number

39-1804324

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAMER HABER MCDONALD & LEVINE
1311 N. CHRUCH
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name: Kevin Woods
Street Address (P.O. Box Number is Not Acceptable):
DAVIS + SCARFITT PA.
100 N. TAMPA ST. #2950
City: TAMPA
Zip Code: 33602

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

[Signature] KEVIN WOODS

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900004078809--4
-04/25/01--01114--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM PHILLIPS, DAVID
STREET ADDRESS 6303 BEVERLY HILLS ST., #160
CITY-ST-ZIP HOUSTON TX 77057

TITLE NAME MGRM SHEA, DAVID
STREET ADDRESS 1220 N. 120TH
CITY-ST-ZIP SCOTTSDALE AZ 85259

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
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TITLE NAME
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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

[Signature] 3/19/01 7137848142

CR2E083 (11/00)