

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M96000000042

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: PRUVIDSON TAMPA, L.L.C.

**Current Principal Place of Business:**

C/O DAVIDSON HOTEL COMPANY  
1755-D LYNNFIELD ROAD, SUITE 142  
MEMPHIS, TN 38119

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVIDSON HOTEL COMPANY  
1755-D LYNNFIELD ROAD, SUITE 142  
MEMPHIS, TN 38119

**New Mailing Address:**

FEI Number: 59-3349667      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PRUDENTIAL INSURANCE, CO. OF AMERICA  
Address: C/O 8 CAMPUS DRIVE ARBOR CIRCLE SOUTH  
City-St-Zip: PARSIPPANY, NJ 07054

Title: MGRM ( ) Delete  
Name: HILL, WILTON D  
Address: C/O 1755-D LYNNFIELD ROAD, SUITE 142  
City-St-Zip: MEMPHIS, TN 38119

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILTON D HILL

MGMR

04/30/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date