

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

Tyhone Park LLC

MA98/1108

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOV -6 PM 1:02

Principal Place of Business

Mailing Address

Tyhone Village Mobile Home Park
13618 N. Florida Avenue
Tampa, Florida 33613

418 Third St.
Annapolis, Md.
21403

2. Principal Place of Business

3. Mailing Address

Tyhone Village MHP
Suite, Apt. #, etc.
13618 N. Florida Ave.
City & State
Tampa, Florida
Zip
33613
Country
USA

Tyhone Park LLC
To Michael S. Hay
Suite, Apt. #, etc.
418 Third St.
City & State
Annapolis, Md.
Zip
21403
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2122103

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Richard McIntyre
Army AT Ldw
2700 Bank of America Plaza
101 East Hennepin Blvd. Robert 1102
Tampa, Florida 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE	Member	<input type="checkbox"/> Delete
NAME	Michael S. Hay	
STREET ADDRESS	11/2 Eastern Ave.	
CITY-ST-ZIP	Annapolis, Md. 21403	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Jessica W. Mc Carthy	
STREET ADDRESS	124 Harniss Creek View Dr.	
CITY-ST-ZIP	Annapolis, Md. 21403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500003465245--8	
STREET ADDRESS	-11/15/00--01119--018	
CITY-ST-ZIP	*****58.00 *****58.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 OR MANAGER

10/31/00 410-268-4010
Date Daytime Phone #