

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2003 8:00 am**  
**Secretary of State**

08-05-2003 90026 011 \*\*\*\*50.00

**DOCUMENT # M98000001108**

1. Entity Name

**TYRONE PARK, L.L.C.**



Principal Place of Business  
**13618 N. FLORIDA AVE., LOT 2  
TAMPA FL 33613**

Mailing Address  
**418 THIRD ST.  
ANNAPOLIS MD 21403**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**MCINTYRE, RICHARD J ESQ  
2700 BARNETT PLAZA  
101 EAST KENNEDY BLVD  
TAMPA FL 33601**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **MICHAEL S. & MICHELLE S. HAY**  
STREET ADDRESS **418 THIRD ST.**  
CITY-ST-ZIP **ANNAPOLIS MD 21403**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **MCCARTHY, JESSICA HAY**  
STREET ADDRESS **418 THIRD ST.**  
CITY-ST-ZIP **ANNAPOLIS MD 21403**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **George M. Hay**  
STREET ADDRESS **2436 N. Federal Hwy, Unit 375**  
CITY-ST-ZIP **Lighthouse Point, Fla. 33064**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**  
**MICHAEL S. HAY**

Date

Daytime Phone #

**7/30/03 410-268-4010**

CR2E083 (4/03)