

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **MA99000000962**

1. Entity Name

THISTLE INVESTMENT, LLC

Principal Place of Business

1460 OCEAN DRIVE
UNIT 401
MIAMI BEACH, FL 33139

Mailing Address

P.O. BOX 190240
MIAMI BEACH, FL 33119

2. Principal Place of Business

1451 OCEAN DRIVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 205

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

Zip

Country

4. FEI Number

043451089

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL. 32301-2525

7. Name and Address of New Registered Agent

Name
DORSEY R. GARDNER

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

~~1451 OCEAN DRIVE~~ 1455 OCEAN DRIVE
SUITE 205 SUITE 1204

City
MIAMI BEACH

FL

Zip Code
33139

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)

4/28/2000

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
MANAGING MEMBER ☐ Delete
NAME
DORSEY R. GARDNER
STREET ADDRESS
P.O. BOX 190240
CITY-ST-ZIP
MIAMI BEACH, FL 33119

TITLE
MANAGING MEMBER ☐ Delete
NAME
TIMOTHY G. CAFFEY
STREET ADDRESS
ONE INTERNATIONAL PLACE, SUITE 2401
CITY-ST-ZIP
BOSTON, MA 02110

TITLE
☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700003259277-9
-05/19/00-01078-006
*****50.00 *****50.00

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

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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

DORSEY R. GARDNER

4/28/2000

Date

305 673-1721

Daytime Phone

CR2F083 (1/99)