

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000001454**

1. Entity Name

TAMPA-SHELDON II LLC

Principal Place of Business

147 OLD SOLOMONS ISLAND ROAD, STE. 210
C/O OSPREY PROPERTY GROUP LLC
ANNAPOLIS MD 21401

Mailing Address

147 OLD SOLOMONS ISLAND ROAD, STE. 210
C/O OSPREY PROPERTY GROUP LLC
ANNAPOLIS MD 21401

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

52-2205976

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

SCHIFF, GORDON J ESQ.
400 N. TAMPA STREET
SUITE 2300
TAMPA FL 33602

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

100004341701--2
-06/05/01--01047--008
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEWIS, DAVID R
147 OLD SOLOMONS ISLAND ROAD, STE. 210
ANNAPOLIS MD 21401

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUY, BRETT
147 OLD SOLOMONS ISLAND ROAD, STE. 210
ANNAPOLIS MD 21401

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTIN, GREGG
1121 EAST GARRISON BLVD.
GASTONIA NC 28054

☐ Delete

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

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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

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

Date

Daytime Phone #

4/20/01

410-224-0100

FILED

01 MAY -7 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE