Applied For Not Applicable

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

M99000001455

1. Entity Name

TAMPA-SHELDON 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 21401-0910



APPROVEL

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

DO NOT	WOITE	DILLT IN	SDACE

Principal Place of Business		3. Mailing Address	S	4 (BRIDER) FIR JOING CONT. BOTH WEIN WENT WENT OF	4 1861,0041 (16 19110 1914) BOTH TRIN 88114 BOTH DUTEN HEND DISON		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN TH	IIS SPACE		
City & State		City & State		4. FEI Number 52-2173332	Applied I		
Zip	Country	Ζiρ	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Register	ed Agent		

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

	5. Certificat	e or Status Desireu	· ⊔	Fe	e Required	
_	7. Name an	d Address of New I	Registered	Ag	ent	
Name				-		
Street Addres	s (P.O. Box Numb	per is Not Acceptabl	e)			
=						
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						
NOIW (I OI L	Signature, typed or printed name of registered agent and title if	applicable.	(NOTE: Registered Agent signature	re required when reinstating)	DATE	
			*			

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

		•		
9.	MANAGING MEMBERS/ME	MBERS	10.	ADDITIONS/CHANGES
TITLE	MGRM	Delete	TITLE	☐ Change ☐ Addition
NAME	LEWIS, DAVID R		NAME	
STREET ADDRESS	147 OLD SOLOMONS ISLAND ROAD, S	E.210	\$TREET ADDRESS	
CITY-8T-ZIP	ANNAPOLIS MD 21401		CITY-ST-ZIP	1000032412818
TITLE	MGRM	☐ Delete	TITLE	-05/05/000100 cirkings-00 B Addition
NAME	GUY, BRETT		NAME	*****58.00 *****50.00
STREET ADDRESS	147 OLD SOLOMONS ISLAND ROAD, ST	TE.210	STREET ADDRESS	
CITY- ST-ZIP	ANNAPOLIS MD 21401		CITY- 81- ZIP	
TITLE	MGRM	☐ Delete	TITLE	Change Addition
NAME	MARTIN, GREGG		NAME	
STREET ADDRESS	1121 EAST GARRISON BLVD.		STREET ADDRESS	
CITY- ST- ZIP	GASTONIA NC 28054		CITY-81-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
NAME			NAME	
STREET ADDRESS			STREET AOBRESS	
C114-81-21P			CITY-81-ZIP	
TITLE		☐ Deleta	TITLE	Change Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-81-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
MAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-87-ZIP			CITY- ST- ZIP	
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price with this ming obes to quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of the price shall have the same legal effect as if made under oath; that I am a managing member or manager of the certificial composition of the composition of the certificial certificial composition of the certificial cer indicated on this report is true and according to the contract of the contract limited liability company or the receive o execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

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