

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087823

1. Entity Name

LINN MANAGEMENT CORPORATION

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90023 045 ***150.00

Principal Place of Business

4601 W COMANCHE AVE
SUITE 100
TAMPA FL 33614
US

Mailing Address

4601 W COMANCHE AVE
SUITE 100
TAMPA FL 33614
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

NO SUITE #

Suite, Apt. #, etc.

NO SUITE #

City & State

City & State

4. FEI Number

59-3216049

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARMICHAEL, TAMARA P.A
201 SOUTH BISCAYNE BLVD
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

R. Alan Higbee / FUNKER, WHITE ET AL

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

501 East Kennedy Blvd.

Suite 1700

City

Tampa

FL

Zip Code

33602

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

FUNKER, WHITE ET AL By: R. Alan Higbee

3/15/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME LINN, STEPHEN
STREET ADDRESS 4601 W COMANCHE AVE
CITY-ST-ZIP TAMPA FL 33614

TITLE D
NAME LINN, JEFFREY N.
STREET ADDRESS 4601 W COMANCHE AVE
CITY-ST-ZIP TAMPA FL 33614

TITLE D
NAME LINN, CRAIG
STREET ADDRESS 4601 W COMANCHE AVE
CITY-ST-ZIP TAMPA FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME LINN, STEPHEN D.
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEFFREY N. LINN 3-05-01 813/249-2525

CR2E034 (10/00)