2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00640

1. Entity Name
TAPPAN & STROSS PROPERTIES, L.C.

Principal Place of Business	Mailing Address
54 COREY AVENUE	54 COREY AVENUE
ST PETERSBURG BEACH FL 33706	ST PETERSBURG BEACH FL 33706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10 Corey Avenue	10 Corey Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	**4.** FEI Number 59-3136705	Applied For / Not Applicable

Zip	Country	Zip	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 Registered Agent**
ENGLANDER, LEONARD S 5959 CENTRAL AVENUE SUITE 201 ST PETERSBURG FL 33710	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

9.	MANAGING MEMBERS / MEMBERS		10.	ADDITIONS / CHANGES		
TITLE	MEM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	STROSS, JOHN E		NAME			
STREET ADDRESS	54 COREY AVENUE		STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP			
TITLE	MEM	☒ Delete	TITLE		☐ Change	☐ Addition
NAME	TAPPAN, RICHARD A		NAME			
STREET ADDRESS	54 COREY AVENUE		STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)