| 2001 UNIFORM BUSINESS REPORT (UBR)  |  |                                    |               |  |   | , , , <u>, , , , , , , , , , , , , , , , </u>   |                |  |
|---|--|------------------------------------|---------------|--|---|---|----------------|--|
| 1. Entity Nam   | MENT # LOOOC<br>PORTS, LLC   | 00011401                           |               |  |   | FILED   | 3              |  |
| I CC D IIVI   |  | للمستوعة بريد النبي                |               | ديماني ي   |   |   | :              |  |
|   |  |                                    |               |  |   | 01 JAN 24 PM 2: 15  |                |  |
| Principal Place of Business PMB 307   |  | Mailing Address PMB 307            |               |  |   |   |                |  |
| 1093 A1A BEACH BLVD.  |  | 1093 A1A BEACH BLVD.               |               |  |   | SECRETARY OF STATE TABLEAHASSEE, FLORIDA  |                |  |
| ST. AUGUSTI   | INE FL 32080   | ST. AUGUSTINE FL 32080             |               |  |   | I TERRETA AN ARMI ARMI ARMI ARMI ARMI ARMI ARMI MALAMATA AND ARMI ARMI ARMI           |                |  |
| 2. Principal Place of Business  |  | 3. Mailing Address                 |               |  |   | A CODITENT AND BENIX EDITA BONA BONA BONA BONA EBIBA ANGEL NEWA ENEXA DOCUM AND HOUSE |                |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                |               |  | 1   | DO NOT WRITE IN THIS SPACE  |                |  |
| City & State  |  | City & State                       |               | 4. FEIN  | Applied For Not Applicable  |   |                |  |
| Zip Country   |  | Zip Count                          |               | try  | 5. Certificate of Status Desired Specificate of Status Desired Fee Required |   |                |  |
|   | 6. Name and Address of Current   | Registered Agent                   |               |  | 7. Nam  | e and Address of New Registered Agent   |                |  |
| EDIIDA 1  | THUMAS D   |                                    |               | Name   |   |   | ì              |  |
| FRUDA, THOMAS R<br>95 ALOHA CIRCLE  |  |                                    |               | Street Address (P.O. Box Number is Not Acceptable) |   |   |                |  |
| ST. AUGI  | USTINE FL 32080  |                                    | Ì             |  |   |   |                |  |
|   |  |                                    |               | 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 reinstati  | ng) DATE  | ı<br>I         |  |
| <del></del>   |  |                                    |               | <del></del>  |   |   |                |  |
|   |  | Make Check Pay                     |               | FEE IS \$50.00<br>Department o                     | f State   |   |                |  |
| 9.  | MANAGING MEMB  | EDC /MEMBERS                       | 10.           | <u></u>  |   | ADDITIONS/CHANGES   |                |  |
| TITLE   | MGRM   | . Delete                           | TITLE         | <del>-</del> T                                     |   |   | 8              |  |
| NAME<br>STREET ADDRESS  | FRUDA, THOMAS R<br>95 Aloha Circle   |                                    | NAME          | ET ADDRESS   |   |   | 3(1            |  |
| CITY-ST-ZIP   | ST. AUGUSTINE FL 32080   |                                    |               | ST-ZIP   |   |   | 72E083 (11/00) |  |
| TITLE<br>NAME   | MGRM<br>FRUDA, DEBRA L   | ☐ Delete                           | TITLE         | ľ  |   |   | 8              |  |
| STREET ADDRESS  | 95 ALOHA CIRCLE  |                                    | 1             | ET ADDRESS   |   | -02/02/0101015024<br>*****50.00 ******50.80   |                |  |
| CITY-ST-ZIP   | ST. AUGUSTINE FL 32080   |                                    | _             | ST-ZIP   |   | <u> </u>  |                |  |
| TITLE<br>NAME   |  | ☐ Delete                           | TITLE         | ľ  |   | ☐ Change ☐ Addition   |                |  |
| STREET ADDRESS  |  |                                    |               | ET ADDRESS   |   |   |                |  |
| CITY-ST-ZIP   | <u></u>  | Delete                             | TITLE         | ST-ZIP   |   | Change Addition   | <b>-</b> .     |  |
| NAME  |  |                                    | NAME          |  |   |   |                |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |                                    |               | ET ADDRESS<br>ST-ZIP                               |   | $\mathcal{M}$   |                |  |
| TITLE   |  | ☐ Delete                           | TITLE         | 1  |   | ☐ Change ☐ Addition   |                |  |
| NAME<br>Street Address  |  |                                    | NAME<br>STREE | ET ADDRESS   |   |   |                |  |
| CITY-ST-ZIP   |  |                                    | CITY-         | ST-ZIP   |   |   |                |  |
| TITLE<br>NAME   |  | Delete •                           | TITLE<br>Name | 1  |   | ☐ Change ☐ Addition   |                |  |
| STREET ADDRESS  <br>CITY-ST-ZIP   | in the second se |                                    | STREE         | ET ADDRESS<br>ST-ZIP                               |   |   |                |  |
| 11. I hereby o  | certify that the information supplied with   | this filing does not qualify for t | the exer      | nption stated in Se                                | ction 119.0   | D7(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 DEMONSTRUCTURE DESCRIPTION 112 PER 1/201 1-904-471980   |  |                                    |               |  |   |   |                |  |
| SIGNATURE: SIGNATURE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |  |                                    |               |  |   |   |                |  |