LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # L 00000016038 BORCLECK+GASEPLC 280 WEST CANTON AVE. STE. 330 02 JUL 18 PM 2: 56 WINTER PARK, FL 32789 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 280W CANTON AVE 280 W. CANTON AUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 34ITE 330 *33*0 541TE Applied For City & State 4. FEI Number City & State Not Applicable 59-368718 (NTER PARK FLORIDA \$5.00 Additional 5. Certificate of Status Desired Fee Required ORAN 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE Ste 330 ose of changing its registered office or registered agent, or both, in the State of Florida The above named SIGNATURE FEE IS \$50.00 000006585750---07/23/02--01018--028 Make Check Payable to Department of State **DUE BY MAY 1** *****50.00 *****50.00 MANAGING MEMBERS/MANAGERS 9. CR2E083B (12/01 TITLE . MICHAEL S, BORCLECK NAME NAME 290 W. CANTON AVE STESSO WINTER PARK, FL 32789 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS ATY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO_NOT_WRITE CHTY-ST-ZIP -CITY-ST-ZIP TITI F IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #