2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 12, 2002 8:00 am Secretary of State 05-12-2002 90589 011 ****50.00

| 6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of Naw Registered Agent MCCLANE, J. BROCK 1221 W. COLONIAL DRIVE, SUITE 200 ORLANDO FL 32804 Street Address (P.O. Box Number is Not Acceptable) City C. L. V. L. | | JMENT # LO1000 ANE HOUSE LLC | 0000615 | | | 1 | etary 01 -2002 90589 011 | |
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| Suite, Apt. #, etc. Suite Apt. #, etc. Do NOT WRITE IN THIS SPACE City & State China State | 1221 W. COL ORLANDO FI | LONIAL DRIVE. SUITE 200 1. 32904 | 1221 W. COLONIAL DRIV | 'e. Suite 200 | į | ` • | | |
| Country Coun | 215 E Suite, Ap | d. H. etc. | 215 E L: v.* Suite, Apt. #, etc. | ugator S | . | DO NOT W | aarre aanst datet Editt Milia E. | |
| S. Name and Address of Current Registered Agent MCCLANE, J. BROCK 1221 W. COLONIAL DRIVE, SUITE 200 ORLANDO FL 32804 Street Address (P.O. Box Number is Not Acceptable) St | Zip | Country | Dylando 1 | Country | | 59-3702 | <u> </u> | Not Applicable |
| MCCLANE, J. BROCK 1221 W. COLONIAL DRIVE, SUITE 200 ORLANDO FL 32804 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Foods. SIGNATURE Signature, hypotoprised agent of great adjust acadeable. 1001 | | | Registered Agent | N 2 / | + | | Fee Requ | Additional Jired |
| B. 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 SUBMIT TO MAIT FEE IS \$50.00 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MAME Delete TITLE MAME TITLE MAME Delete TITLE MAME Delete TITLE MAME DELETADORESS CITY-ST-ZPP CHARGE CHARGE DATE ADDITIONS/CHANGES CITY-ST-ZPP CHARGE CHARGE CHARGE ADDITIONS/CHANGES CITY-ST-ZPP CHARGE CHARGE CHARGE CHARGE ADDITIONS/CHANGES CITY-ST-ZPP CHARGE CHARGE | 122 | Clane, J. Brock 21 W. Colonial Drive, Suite 20 | | | et Address (P | O. Box Number is Not Accepta | ole) | |
| SIGNATURE Signature: typefor printed name of legistrated agent and until applicables (INOTE Department Agent application of state Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ITILE MAME Delate ITILE MAME Delate TITLE MAME Delate TITLE MAME Delate TITLE MAME Delate TITLE MAME DELATE DE | 8. The above | named entity submits this statement for | the purpose of changing its | | | ndo | FL 352 | 8°01 |
| NOWA!!! FEE IS \$50.00 | | 1/51 Mg | T.B. | kMe | Cla-a-a | | | ; |
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| CITY-ST-ZIP | TE . | 1,4,1,5,1,1,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 | Delete | CITY-ST-ZIP | | | | |
| NAME. STREET ADDRESS Y-ST-ZIP 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 limited liability company or the receiver of the teaching of the t | REET ADDRESS Y-ST-ZIP | | 1,58 1,58 (5) (1,58) | NAME . STREET ADORESS | | | | |

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