2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90034 011 ****50.00

DOCUMENT # L01000004421

1. Entity Name
INTERNATIONAL CENTER, LLC

Principal Place of Business
15436 NORTH FLORIDA AVENUE, SUITE 101
TAMPA, FL 33613

Mailing Address
15436 NORTH FLORIDA AVENUE, SUITE 101
TAMPA, FL 33613

02252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2908 Bay to Bay Blvd.	2908 Bay to Bay Blvd.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Tampa FL	City & State Tampa FL
Zip 33629 Country USA	Zip 33629 Country USA

4. FEI Number 59-3712000 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
MYERS, W. PARKINSON
15436 NORTH FLORIDA AVENUE, SUITE 101
TAMPA, FL 33613

7. Name and Address of New Registered Agent
Name Arcis Investments, Inc.
Street Address (P.O. Box Number is Not Acceptable) 2908 Bay to Bay Blvd.
Suite 200
City Tampa FL Zip Code 33629

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kirk Kennedy Showalter 4/15/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	INTERNATIONAL CENTER MANAGER, LLC	NAME	International Center, LLC
STREET ADDRESS	15436 NORTH FLORIDA AVENUE, SUITE 101	STREET ADDRESS	2908 Bay to Bay Blvd. Suite 200
CITY-ST-ZIP	TAMPA, FL 33613	CITY-ST-ZIP	Tampa, FL 33629
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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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.

SIGNATURE: Kirk Kennedy Showalter 4/15/05 813 805 2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #