

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90165 021 ****50.00

DOCUMENT # L01000022729

1. Entity Name
1555 BOREN, LLC

DO NOT WRITE IN THIS SPACE

943832

2. Principal Place of Business
1555 Boren Drive

3. Mailing Address
1555 Boren Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ocoee, FL.

City & State
Ocoee, FL

4. FEI Number
59-3534713

Applied For
Not Applicable

Zip
34761

Country
USA

Zip
~~34765~~ - 34761

Country
USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Warren W. Wubker

Street Address (P.O. Box Number is Not Acceptable)

1555 Boren Drive

City Ocoee,

FL

Zip Code 34761

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.

DATE _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME Warren W. Wubker
STREET ADDRESS 6625 Crenshaw Drive
CITY-ST-ZIP Orlando, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Charles B. Hall
STREET ADDRESS 1407 Kelso Blvd.
CITY-ST-ZIP Windermere, FL 34786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Richard E. Jones
STREET ADDRESS 13212 Lake Butler Boulevard
CITY-ST-ZIP Winter Garden, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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: Charles B. Hall

Charles B. Hall 3/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)