

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90008 007 \*\*\*\*50.00

**DOCUMENT # L02000008398**



1. Entity Name  
**TRI-COUNTY MINING, L.L.C.**

Principal Place of Business      Mailing Address  
**2375 NORTH TAMiami TRAIL, SUITE 206**      **2375 NORTH TAMiami TRAIL, SUITE 206**  
**NAPLES FL 34103**      **NAPLES FL 34103**

2. Principal Place of Business      3. Mailing Address  
**7350 SR 82**      **2640 White Blvd.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State <b>FEIDA, Florida</b>	City & State <b>NAPLES, Florida</b>	4. FEI Number <b>73-1628131</b>	Applied For <input type="checkbox"/>
Zip <b>33920</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>	
<b>MCDANIEL, WILLIAM L JR</b> <b>2375 NORTH TAMiami TRAIL, SUITE 206</b> <b>NAPLES FL 34103</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>MGRM</b> <b>Tony D. Bowman</b> <b>2640 White Blvd</b> <b>NAPLES, FL. 34117</b>	
		<b>MGRM</b> <b>Todd H. Lantus</b> <b>960 22nd AVENUE.</b> <b>NAPLES, FL. 34120</b>	
		<b>MGRM</b> <b>Howard S. Kellam</b> <b>2640 White Blvd.</b> <b>NAPLES, FL. 34117</b>	
		<b>MGRM</b> <b>OSW, LLC</b> <b>7000 Big Island Ranch Road</b> <b>NAPLES, FL. 34120</b>	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Howard S. Kellam      **REQUIRED**      **Howard S. Kellam**      **2-14-03**      **(239) 352-4804**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)