


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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90616 037 ****50.00

DOCUMENT # L02000022164

1. Entity Name
American Schooner Title, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7198 Beneva Road

3. Mailing Address
7198 Beneva Road

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34238

Country
USA

Zip
34238

Country
USA

4. FEI Number 01-0744228

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

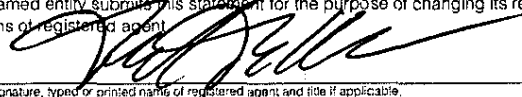
7. Name and Address of Current Registered Agent

Name Michael M. Hudlow

Street Address (P.O. Box Number is Not Acceptable)
7430 Featherstone Boulevard

City Sarasota FL Zip Code 34238

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

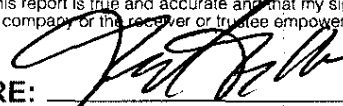
SIGNATURE  Michael M. Hudlow DATE 3/21/2003

Signature, typed or printed name of registered agent and file if applicable.

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

| 9. MANAGING MEMBERS / MANAGERS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Michael M. Hudlow, MGRM 7430 Featherstone Boulevard Sarasota, FL 34238 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Michael J. Borso, MGRM 2573 Somerset Road Whitehall, PA 18052 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Thomas W. Hudlow, MGRM 115 Ramsgate Drive Phoenixville, PA 19460 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS 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:  Michael M. Hudlow DATE 3/21/2003 941-921-1441

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

CR2E083B (12/02)