2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007752

1. Entity Name
RTN MANAGEMENT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 27 AM 11:02

Principal Place of Business	Mailing Address
5047 GREENWAY DRIVE NORTH PORT FL 34287	5047 GREENWAY DRIVE NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3300 HERB CT	3300 HERB CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LOVELAND CO	City & State: LOVELAND, CO
Zip: 80537 / Country: LARIMER	Zip: 80537 / Country: LARIMER

4. FEI Number — ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FAMIGLIO, GEORGE V 1634 MAIN STREET SARASOTA FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

300003414313--8
-10/05/00--01019--004
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOZON, BARNEY 5047 GREENWAY DRIVE NORTH PORT FL 34287	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOZON, BARNEY 3300 HERB CT LOVELAND CO 80537	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRM~~ ~~LOZON, BARNEY~~ ~~3300 HERB CT~~ ~~LOVELAND CO 80537~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (5/00)

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: SIGNATURE REQUIRED — 8/07/2000 — 970 2030388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #