## **2001 UNIFORM BUSINESS REPORT (UBR)**

Principal Place of Business 2131 PALOMAR AIRPORT ROAD. SUITE 200 CARLSBAD CA 92009 2. Principal Place of Business Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Cartificate of Status Desired 6. Name and Address of Current Registered Agent  Name  CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE FL 32301-2525  City  R. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida.  FILE NOW!!! FEE IS, \$5.00.0  Make Check Payable to Department of State  DIVIJION OF CORPORATIONS 1ALLAHASSEE, FL ORIDA  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  A FEI Number 33-0901333  Applied For Not Applicable  So.00 Additional Fee Required  Fee Required  7. Name and Address of New Registered Agent  Street Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  R. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida.  FILE NOW!!! FEE IS, \$5.00.0  Make Check Payable to Department of State
Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required  CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE FL 32301-2525  City  The above named entity submits this statement for the purpose of changing its registered Agent signature required when reinstating)  CITY  DO NOT WRITE IN THIS SPACE  Applied For Not Applied For Not Applicable  Street Address (See Status Desired Street Required Fee Required  Street Address of New Registered Agent  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  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
City & State  City & State  City & State  City & State  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  Name  CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE FL 32301-2525  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  Signature, hipsed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstiting)  DATE  FILE NOW!!!- FEE: IS \$5.00
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mane Check rayable to Department of State
9. MANAGING MEMBERS MEMBERS 10. ADDITIONS/CHANGES
TITLE MGR Delete TITLE CHANDLER, RICHARD H STREET ADDRESS CITY-ST-ZIP CARLSBAD CA 92009 TITLE  TITLE MGR CHANDLER, RICHARD H NAME STREET ADDRESS CITY-ST-ZIP  TITLE CHANDLER C
TITLE         Delete         TITLE         Change         Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP
TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         -06/12/0101064003           CITY-ST-ZIP         *******50.00         ******50.00
TITLE TITLE TITLE Change Addition  NAME  STREET ADDRESS CITY-ST-ZIP  Change Addition  Change Addition  Change Addition
TITLE
TITLE Delete TITLE Change Addition  NAME STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP 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