

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90059 007 \*\*\*\*50.00

<b>DOCUMENT #</b> M02000002827					
<b>1. Entity Name</b> FPRO-103, LLC					
<b>Principal Place of Business</b> 686 ALAMO PINTADO ROAD SOLVANG CA 93463			<b>Mailing Address</b> 686 ALAMO PINTADO ROAD SOLVANG CA 93463		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.			<b>3. Mailing Address</b>  Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 48-1282810	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>\$0.00</b>		<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 24, 2003</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <del>DEPARTMENT SECRETARY</del> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> PRESIDENT/MANAGER <b>STREET ADDRESS</b> RICHARD W. CHRISTENSEN <b>CITY - ST - ZIP</b> 686 ALAMO PINTADO RD. SOLVANG, CA. 93463			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		
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<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		
<b>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.</b>					
<b>SIGNATURE</b> <i>[Signature]</i>		<b>SIGNATURE</b> <i>[Signature]</i>		<b>805/685-7818</b>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>		<b>08/17/03</b>		<b>805/685-7818</b>	

CR2E083 (4/03)