**File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY -8 PM 3:27

**FILING FEE $ 188.75** | **Annual Report $100.00 + $88.75 Corporation Supplemental Fee** | **Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company

**DOCUMENT #** Z00063

TWO THOUSAND THREE, L.C.
C/O RUBIN & RUBIN, P.A.
2107 HENDRICKS AVE
JACKSONVILLE FL 32207

1a. Principal Place of Business Address

C/O RUBIN & RUBIN, P.A.
2107 HENDRICKS AVE
JACKSONVILLE FL 32207

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| Suite, Apt. #, etc. Suite 210 | Suite, Apt. #, etc. Suite 210 |
| City & State | City & State |
| Zip / Country | Zip / Country |

3. Date Organized or Qualified: 12/06/1988
3a. State of Formation: FL
4. FEI Number: 65-0086033 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: 03/31/1997
6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

| 7. Name and Address of Current Registered Agent | 8. Name and Address of New Registered Agent/Office |
|---|---|
| RUBIN, MARK I<br>2107 HENDRICKS AVE<br>JACKSONVILLE FL 32207 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc. Suite 210<br>City FL / Zip Code |

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|---|---|---|---|
| M | RUBIN, I. MARK | 2107 HENDRICKS AVE | JACKSONVILLE FL |
| M | RUBIN, GUY | 333 NE 23RD STREET | MIAMI FL |

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****188.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** _____ 4/6/98 904-376-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #