2001 UNIFORM BUSINESS REPORT (UBR)

01 APR 25 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
01 APR 25 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007459 AF

DOCUMENT # L00000006178

1. Entity Name

13OVER30 LLC

Principal Place of Business	Mailing Address
1591 EAST ATLANTIC BLVD., SUITE 200 POMPANO BEACH FL 33060	1591 EAST ATLANTIC BLVD., SUITE 200 POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT Applicable — ☐ 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
CARLTON MANAGEMENT, INC. 1591 EAST ATLANTIC BLVD., SUITE 200 POMPANO BEACH FL 33060	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 _____
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
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, SHARON P.O. BOX 2 ANGUILLA, BRITISH VIRGIN ISL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COWAP, PAULINE SOVEREIGN HOUSE, STATION ROAD ST. JOHNS, ISLE OF MAN	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000004138540--2 -05/07/01--01013--021 ***2100.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, GRAHAM SOVEREIGN HOUSE, STATION ROAD ST. JOHNS, ISLE OF MAN	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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 4/23/01 954 943 1498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #