2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
04-21-2002 90937 001 ***385.00

DOCUMENT # L01000012346

1. Entity Name
2162 DELTA BOULEVARD, LLC

Principal Place of Business	Mailing Address
2585 HICKORY RIDGE ROAD TALLAHASSEE FL 32308	2585 HICKORY RIDGE ROAD TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 13613 Suite, Apt. #, etc.
City & State	City & State: TALLAHASSEE FL
Zip / Country	Zip: 32317 / Country: LEON

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
GEEKER, VAN P ~~VAN P. GEEKER, P.A.~~ ~~1922 THOMASWOOD DR.~~ ~~TALLAHASSEE FL 32312~~	Name: GEEKER, VAN P. Street Address (P.O. Box Number is Not Acceptable): GLER + DOUGHERTY, P.A. 1501 PARK AVENUE EAST City: TALLAHASSEE FL Zip Code: 32301

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: Van P. Geeker — 4/10/02
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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GEORGE N KOIKOS 2585 HICKORY RIDGE RD TALLAHASSEE FL 32308	☐ Delete	☑ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT KAREN L. KOIKOS 2585 HICKORY RIDGE RD TALLAHASSEE FL 32308	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E083 (9/01)

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 — 4-10-02 — 8934161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #