

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2002 8:00 am
Secretary of State

05-15-2002 90050 021 ****55.00

DOCUMENT # L01000017739

1. Entity Name

VOLCANO PARTNERS LLC

Principal Place of Business

1121 CRANDON BLVD., STE. F907
KEY BISCAYNE FL 33149

Mailing Address

1121 CRANDON BLVD., STE. F907
KEY BISCAYNE FL 33149

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

☒ 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

SISSON, LARRY
 218 SOUTHERN COUNTRY LANE
 QUINCY FL 32351

Name

ROBERT D. EUDACOTT

Street Address (P.O. Box Number is Not Acceptable)

1121 CRANDON BLVD, F907

City

KEY BISCAYNE

FL

Zip Code

33149

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

Robert D. Eudacott

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

MGR M
 ROBERT EUDACOTT
 1121 CRANDON BLVD, F907
 KEY BISCAYNE, FL 33149

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

MEMBER
 RANDOLPH WRIGHT
 255 EAST BROWN ST, S. 320
 BIRMINGHAM, MI, 48009

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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:

Robert D. Eudacott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/02

Date

(305) 361-8844

Daytime Phone #

CR2E083 (9/01)