2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2003 8:00 am Secretary of State 02-07-2003 90012 015 ****50.00

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1901 WALDEMERE STREET. SUITE 801 SARASOTA FL 34239 2. Principal Place of Business Suite, Apt. #, etc. Cry & State Country Jip Country Ji	1. Entity Na		U10032		5500900			ነ ባብዩ		
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-1131619 Applied Not Appli	1921 WALDEMERE STREET, SUITE 801		1921 WALDEMERE STREET, SUITE 801		55009096					
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Zip Country Zip Country S. Certificate of Status Desired S. S. Odditional Fee Requision Fee Requision See Requisio	Suite, Apt. #, etc.		Suite, Apt. #, etc.							
S. Name and Address of Current Registered Agent EANCE, SCOT E M.D. 1921 WALDEMERE STREET, SUITE 801 SARASOTA FL 34239 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code SIGNATURE City FL Zip Code NOTE: Inspected Agent agent, or both, in the State of Florida. I am tamiliar with, and acceptable agent, or both, in the State of Florida. I am tamiliar with, and acceptable agent, or both, in the State of Florida. I am tamiliar with, and acceptable agent age	City & State		City & State		4. FEI Num	nber 65-11316		Applied For		
LANCE, SCOT E M.D. 1921 WALDEMERE STREET, SUITE 801 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 diffice or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. PATE Signature FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE SIRET ADDRESS CITY-ST-ZP SIRET ADDRESS CITY-ST-ZP SIRET ADDRESS CITY-ST-ZP SIRET ADDRESS SIRE				Country		5. Certificate of Status Desired 55.00 Additional Fee Required				٦
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City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Signature by the obligations of registered agent. The state of Florida. I am familiar with, and act the obligations of registered agent. Signature by the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both,	192	21 WALDEMERE STREET, SUITE 8	01							
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AME AME ITILE MAME STREET ADDRESS CITY-ST-ZIP IT. I hereby certify that the information supplied with this filling 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 or if mode.	NAME STREET ADDRESS STY-ST-ZIP			NAME STREET ADDRES CITY-ST-ZIP			-	-	Addition	<u>}</u>

SIGNATURE: