2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000878

1. Entity Name

LOIS VENTURE, LTD.

Principal Place of Business	Mailing Address
4427 W. KENNEDY BLVD.. STE. 125 TAMPA FL 33609	P.O. BOX 320342 TAMPA FL 33679

FILED

01 MAY -2 PM 12: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 59-3443350 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'MALLEY, ANDREW M 712 S. OREGON AVE TAMPA FL 33609	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

9. Capital Contributions as Shown on record. **$75,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # P97000035433 NAME LOIS VENTURE, INC. STREET ADDRESS 4427 W. KENNEDY BLVD., STE. 125 CITY-ST-ZIP TAMPA FL 33609	STREET ADDRESS CITY-ST-ZIP 40000043101844--5 -05/23/01--01040--019 ****526.25 ****526.25
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _SIGNATURE REQUIRED_   4/27/01   813/289-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

Hamilton E. Hunt Jr. as President of