

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000/09

1. Entity Name
Royal Recovery Expedition 2000, LLC

FILED
May 08 2000 8:00 am
Secretary of State

| | |
|-----------------------------|-----------------|
| Principal Place of Business | Mailing Address |
|-----------------------------|-----------------|

| | |
|---|--|
| 2. Principal Place of Business 200 Greene St. Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 1050 Suite, Apt. #, etc. |
| City & State Key West, FL Zip 33040 Country | City & State Tallahassee, FL Zip 32302 Country |

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S
TALLAHASSEE

DO NOT WRITE IN THIS SPACE

| | | |
|---|--|--|
| 4. FEI Number 59-3617893 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent A. Eugene Lewis 222 West Georgia St. Tallahassee, FL 32301 | | 7. Name and Address of New Registered Agent 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 _____ (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 | A. Eugene Lewis, MGR <input type="checkbox"/> Delete 222 West Georgia St. Tallahassee, FL 32301 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600003251916- - 1 -05/15/00--01024 --019 *****658.75 *****50.00 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  4/30/00 850-425-5000