03/28/02 11:48 FAX

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
04-30-2002 90033 007 ***250.00

DOCUMENT # L00000000568

1. Entity Name
THE DEVELOPERS GROUP, LLC

DO NOT WRITE IN THIS SPACE

SC647

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2. Principal Place of Business	3. Mailing Address
1819 MAIN STREET	1819 MAIN STREET
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34236 Country US	Zip 34236 Country US

4. FEI Number 59-3634083 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CHRISTINE GIBSON

Street Address (P.O. Box Number is Not Acceptable): 1819 MAIN STREET, SUITE 200

City: SARASOTA FL Zip Code: 34236

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: CHRISTINE GIBSON
Signature, typed or printed name of registered agent and title if applicable. DATE

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR/P
NAME	CLABAUGH, JAMES
STREET ADDRESS	1819 MAIN STREET, SUITE 200
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	V
NAME	GIBSON, CHRISTINE
STREET ADDRESS	1819 MAIN STREET, SUITE 200
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	V-S
NAME	MCCULLOUGH, PAMELA
STREET ADDRESS	1819 MAIN STREET, SUITE 200
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	V
NAME	Fullerton, Robert
STREET ADDRESS	1819 Main St. #200
CITY-ST-ZIP	Sarasota, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Christine Gibson 04/19/2002 941/366-4014
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #