## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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<ol> <li>Entity Nan</li> </ol>	MENT # LOOOOC VESTMENTS, L.L.C.			FILED			
		· · · · · · · · · · · · · · · · · · ·		03	MOV -3 VW 8:	00	
,	e of Business	Mailing Address		SE	CRETARY OF STAT	Ė.	
1748 INDEPEND SARAȘOTA FL	JENÇE BLVD SUITE B-5 34234	1748 INDEPENDENCE BLVD SARASOTA FL 34234	SUITE B-5	TAL	CRETARY OF STAT LAHASSEE, FLORII	Ď <b>A</b>	
						<b>aa</b> na aana maa maa maa m	
2. Principal Place of Business  1800 Second STREET  3. Mailing Address  P.O. Box			2899		0   <b>0</b>     <b>0  </b>   0   0   0   0   0   0   0   0   0	<b> 3      6   0</b>    <b>  4 </b>        4	
Suite, Apt.		Suite, Apt. #, etc.			☐ CHECK HERE IF M	AKING CHANGES	
City & State SARASOFA, FL SARASOFA, F			<u></u>	4. FEI Number NOT APPLICABLE Applied For Not Applicable			
3422	SAPASOTA	34230	Country SARASO	5. Certifica	ite of Status Desired	\$5.00 Add	ditional
	6. Name and Address of Current	Registered Agent			nd Address of New Regis	tered Agent	
MOD	DIC CHADIFC H		Name	ı			
Morris, Charles H 1748 Independence BLVD., Suite B-5 Sarasota FL 34234				Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod	le
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	registered office or	registered agent, or b	both, in the State of Florida.	I am familiar with,	and accept
SIGNATURE .							
	Signature, typed or printed name of registered agent			re required when reinstating)	<u> </u>	DATE	,
		Make Check Payable	W!!! FEE IS \$5 to Florida Dep September 24, 2	artment of State			
9.	MANAGING MEMBI		10.		ADDITIONS/CHA	NCES	
TITLE	MGR	Delete	TITLE		ADDITIONS/CHA	Change	Addition
NAME	MORRIS, ROBERT A		NAME				
STREET ADDRESS	1748 INDEPENDENCE BLVD., S	UITE B-5	STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34234		CITY-ST-ZIP		<del>78617746</del> 1	<del>19997</del>	
TITLE	MGR MORRIS, CHARLES H	☐ Delete	TITLE	11/	12/0301073	116 Tippe	Addition
NAME STREET ADDRESS	ATTACKING COLOR COURTE D.E.						
CITY-ST-ZIP	SARASOTA FL 34234		STREET ADDRESS CITY-ST-ZIP				}
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				_
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	<u></u> :		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				}
CITY-ST-ZIP			CITY-ST-ZIP		्या का का का का वास्त्र विकास का	- 大学的诗学	[
TITLE		☐ Delete	TITLE TO THE	MICH MA	<b>予翻步图 H ←</b>	Change	☐ Addition
NAME •			NAME is a man	BEG BEEL.	E-Hyllendu II	de	j
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			<u> </u>	
TITLE		Пъ	<del></del>			☐ Change	
NAME		☐ Delete	TITLE NAME			Unange	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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (1) Date of Dayling Property.

Dayling Property

Dayling Property

Dayling Property

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CORPORATE OFFICES 1800 SECOND STREET, SUITE 975 SARASOTA, FL 34236

> PHONE: 941-360-8990 FAX: 941-360-8993 TOLL FREE: 888-632-5111 www.Oliphantfinancial.com chom@oliphantfinancial.com

October 31, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Late UBR Filings

Enclosed please find Uniform Business Reports filings and checks for the for the following entities as follows:

		\$400.00
WorldWide Debt Exchange, L.L.C.	FEI # 59-3264269	\$ 50.00
Torch Investments, L.L.C.	N/A	\$ 50.00
Medallion Group, Inc.	FEI# 63-0316510	\$150.00
Oliphant Financial Corporation	FEI# 65-0316508	\$150.00

\$400.00

While I fully realize I alone was personally responsible for the late submission and updating of this information, I would greatly appreciate your consideration in waiving the late reinstatement charges because of extenuated personal circumstances that landed me in the hospital three times in three different states between July and August. In addition, I subsequently missed a lot of time in my office because of the recuperation period from surgery and time in physical therapy. While I am aware this is no excuse, I none the less beg your kind consideration in this matter.

Very respectfully,

Oliphant Financial Corporation

Charles H. O. Morris

Enclosures: