2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT/(UBR)

	VIFORM BUS	·		<u> </u>	J	Sacrate	INT O	f Cta	ıtα
1. Entity Nam		00002400				Secreta 07-17-2003	•		
TRADITION	N, LLC	/							
Principal Plac	ce of Business	Mailing Address		=					
35 BROAD STREET		35 BROAD STREET	35 BROAD STREET						
CHARLESTON S	SC 29401	CHARLESTON SC 29401			1 (0.00)	ON BOIST OFFIN BOIST OF	I AB IEL BB)12 BB 131	0 Jiair atait aa	112 00 41 1 09 1
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address	3. Mailing Address Suite, Apt. #, etc. City & State		CHECK HERE IF MAKING CHANGES				
		Suite, Apt. #, etc.							
		City & State			4. FEI Number APPLIED FOR Applied For Not Applied For				
Zip	Country	Zip	Country		~ · · · ·	of Status Desired		5.00 Add	
	6. Name and Address of	Current Registered Agent			7. Name and	Address of New	Registered A	gent	
GRIN	NDSTAFF, MICHAEL J		Name						
300	SOUTH ORANGE AVENUI ANDO FL 32801	E, SUITE 1000	Street	Address (P	O. Box Numbe	er is Not Acceptabl	e)		
	<u>.</u>		City				FL	Zip Cod	е
0 The attention	named entity submits this sta	atement for the purpose of changing	its registered office	or registere	ed agent, or bo	th, in the State of F		miliar with.	and accept
		1/ 1/ 2/							
	tions of registered agent,	SRIA		tepher	n R Wa		7/14/0	03	_
the obligati	tions of registered agent. ,;	Stered agent and title if applicable. (N	OTE: Registered Agent sign	nature required v	when reinstating)	lsh Manager	7/14/U DATE	23	
the obligati	tions of registered agent. ,;	istered agent and title if applicable. (N	OTE: Registered Agent sign	\$50.00 epartment	when reinstating)		7/14/0 DATE	23	_
the obligati	tions of registered agent,	istered agent and title if applicable. (N	OTE: Registered Agent sign NOW!!! FEE IS able to Florida D	\$50.00 epartment	when reinstating)	Manager —	7/14/0 DATE	23	· .
the obligation of the college of the	Signature, typed or printed name of regions of MANAGING	istered agent and tille if applicable. (N FILE I Make Check Paya Due II G MEMBERS/MANAGERS Delete	NOW!!! FEE IS able to Florida Day September 24	\$50.00 epartment	when reinstating)	Manager —	/CHANGES	C 3	. Addition
the obligation of the college of the	MANAGING MGR BROAD STREET PARTN	istered agent and tille if applicable. (N FILE I Make Check Paya Due II G MEMBERS/MANAGERS Delete	NOW!!! FEE IS able to Florida D Sy September 24	\$50.00 epartment 4, 2003	when reinstating)	Manager —	/CHANGES		. Addition
signature 9. Title NAME STREET ADDRESS	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET	FILE I Make Check Paya Due B G MEMBERS/MANAGERS Delete ERS, LLC	NOW!!! FEE IS able to Florida D By September 24 10. TITLE NAME STREET ADDRES	\$50.00 epartment 4, 2003	when reinstating)	Manager —	/CHANGES		Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MGR BROAD STREET PARTN	Sistered agent and title if applicable. (No. 1971) FILE I Make Check Payer Due E G MEMBERS/MANAGERS Delete ERS, LLC	NOW!!! FEE IS sible to Florida D Sy September 24 10. TITLE NAME STREET ADDRES CITY-ST-ZIP	\$50.00 epartment 4, 2003	when reinstating)	Manager 	/CHANGES	☑ Change	
signature 9. Title NAME STREET ADDRESS	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET	FILE I Make Check Paya Due B G MEMBERS/MANAGERS Delete ERS, LLC	NOW!!! FEE IS able to Florida D By September 24 10. TITLE NAME STREET ADDRES	\$50.00 epartment 4, 2003	when reinstating)	Manager 	/CHANGES		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET	Sistered agent and title if applicable. (No. 1971) FILE I Make Check Payer Due E G MEMBERS/MANAGERS Delete ERS, LLC	NOW!!! FEE IS sible to Florida D Sy September 24 10. TITLE NAME STREET ADDRES: CITY-ST-ZIP TITLE	\$50.00 epartment 4, 2003	when reinstating)	Manager 	/CHANGES	☑ Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET CHARLESTON SC 2940	FILE I Make Check Paya Due I G MEMBERS/MANAGERS Delete ERS, LLC 1 Delete	NOW!!! FEE IS able to Florida D By September 24 10. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	\$50.00 epartment 4, 2003	when reinstating)	Manager ADDITIONS	/CHANGES	☑ Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET	Sistered agent and title if applicable. (No. 1971) FILE I Make Check Payer Due E G MEMBERS/MANAGERS Delete ERS, LLC	NOWI!! FEE IS able to Florida D By September 24 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$50.00 epartment 4, 2003	when reinstating)	Manager 	/CHANGES	☑ Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET CHARLESTON SC 2940	FILE I Make Check Paya Due I G MEMBERS/MANAGERS Delete ERS, LLC 1 Delete	NOWI!! FEE IS able to Florida D By September 24 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME	\$50.00 epartment 4, 2003	when reinstating)	Manager ADDITIONS	/CHANGES	☐ Change	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET CHARLESTON SC 2940	FILE I Make Check Paya Due I G MEMBERS/MANAGERS Delete ERS, LLC 1 Delete	NOWI!! FEE IS able to Florida D By September 24 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$50.00 epartment 4, 2003	when reinstating)	Manager ADDITIONS	/CHANGES	☐ Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET CHARLESTON SC 2940	FILE I Make Check Paya Due I G MEMBERS/MANAGERS Delete ERS, LLC 1 Delete	NOW!!! FEE IS able to Florida D By September 24 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$50.00 epartment 4, 2003	when reinstating)	Manager ADDITIONS	/CHANGES	☐ Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET CHARLESTON SC 2940	Sistered agent and title if applicable. (No. 1) FILE I Make Check Payer Due E G MEMBERS/MANAGERS Delete Delete Delete Delete Delete Delete Delete	NOW!!! FEE IS sible to Florida D Sy September 24 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$50.00 epartment 4, 2003	when reinstating)	Manager ADDITIONS	/CHANGES	□ Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET CHARLESTON SC 2940	Sistered agent and title if applicable. (No. 1) FILE I Make Check Payer Due E G MEMBERS/MANAGERS Delete Delete Delete Delete Delete Delete Delete	NOW!!! FEE IS sible to Florida D Sy September 24 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$50.00 epartment 4, 2003	when reinstating)	Manager ADDITIONS	/CHANGES	□ Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET CHARLESTON SC 2940	G MEMBERS / MANAGERS BERS, LLC 1 Delete Delete	NOW!!! FEE IS sible to Florida D By September 24 10. TITLE NAME STREET ADDRES: CITY-ST-ZIP	\$50.00 epartment 4, 2003	when reinstating)	Manager ADDITIONS	/CHANGES	□ Change □ Change □ Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE NAME TITLE	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET CHARLESTON SC 2940	Sistered agent and title if applicable. (No. 1) FILE I Make Check Payer Due E G MEMBERS/MANAGERS Delete Delete Delete Delete Delete Delete Delete	NOW!!! FEE IS sible to Florida D By September 24 10. TITLE NAME STREET ADDRES: CITY-ST-ZIP TITLE	\$50.00 epartment 4, 2003	when reinstating)	Manager ADDITIONS	/CHANGES	□ Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME NAME	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET CHARLESTON SC 2940	G MEMBERS / MANAGERS BERS, LLC 1 Delete Delete	NOW!!! FEE IS sible to Florida D By September 24 10. TITLE NAME STREET ADDRES: CITY-ST-ZIP	\$50.00 epartment	when reinstating)	Manager ADDITIONS	/CHANGES	□ Change □ Change □ Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME NAME	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET CHARLESTON SC 2940	G MEMBERS / MANAGERS BERS, LLC 1 Delete Delete	NOW!!! FEE IS sible to Florida D By September 24 10. TITLE NAME STREET ADDRES: CITY-ST-ZIP TITLE NAME	\$50.00 epartment	when reinstating)	Manager ADDITIONS	/CHANGES	□ Change □ Change □ Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET CHARLESTON SC 2940	G MEMBERS / MANAGERS BERS, LLC 1 Delete Delete	NOW!!! FEE IS sible to Florida D By September 24 10. TITLE NAME STREET ADDRES: CITY-ST-ZIP TITLE NAME STREET ADDRESS: CITY-ST-ZIP	\$50.00 epartment	when reinstating)	Manager ADDITIONS	/CHANGES	□ Change □ Change □ Change	Addition
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET CHARLESTON SC 2940	Sistered agent and title if applicable. (No. FILE I Make Check Payer Due I G MEMBERS / MANAGERS Delete ERS, LLC 1	NOW!!! FEE IS sible to Florida D By September 24 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$50.00 epartment 4, 2003	when reinstating)	Manager ADDITIONS	/CHANGES	Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MGR BROAD STREET PARTN 35 BROAD STREET CHARLESTON SC 2940	Sistered agent and title if applicable. (No. FILE I Make Check Payer Due I G MEMBERS / MANAGERS Delete ERS, LLC 1	NOW!!! FEE IS sible to Florida D By September 24 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$50.00 epartment 4, 2003	when reinstating)	Manager ADDITIONS	/CHANGES	Change Change Change	Addition Addition Addition

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Dayling Phone #

21