2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business PMB 128 PM	DOCUMENT 1. Entity Name NEW SOUTH VE NEW SOUTH	# LOOOC NTORES, L.L.C. L Venture	00002781 ع <i>LL</i> و				FILED			کا د
Suite, Apt. #, etc. City & State Country Social Country Soc	PMB 128 5053 OCEAN BLVD	SS	PMB 128 5053 OCEAN BLVD				.:			
City & State City & State City & State City & State Country Country Country Country Country Country Country S. Cardicate of Status Desired Status Desired State September State	2. Principal Place of Bus	iness	3. Mailing Address			E PROZIDILI DIZ EDI	36 38 36 38	######################################	{B{B}}	
State Country Zip Country S. Certificate of Status Desired S. S. On Additional Fee Required S. Certificate of Status Desired S. S. On Additional Fee Required S. Certificate of Status Desired S. S. On Additional Fee Required S. S. On S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Do	O NOT WRITE IN TH	IIS SPACE		
Signature Delete	City & State		City & State			4. FEI Number		\ 	<u> </u>]
ARNOLD, GARY So53 OCEAN BLVD SARASOTA FL 34242 City SAF-INSO FM FL 2/3/17-3 / 6. The above named entity submits this statement for the purpose of changing its opistered office or registered agent, or both, in the State of Florida. SIGNATURE Syndrological or printed same of required agent and store registerate. INCO To Required Agent, or both, in the State of Florida. FILE NK WI!! FEE IS \$50.00 Make Check Par able to Department of State INTE. MANA GING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES CITY-ST-2P INTE. MANE STREET ADDRESS CITY-ST-2P Delete INTE. MANE STREET ADDRESS CITY-ST-2P THE MANE STREET ADDRESS CITY-ST-2P WASHEWSSO, 00 **WARRASON, 00	Zip "	Country	Zip	Country	-	5. Certificate of Statu	s Desired * ~ [\$5.00 Add	itional	1
ARNOLD, GARY 5053 OCEAN BLVD SARASOTA FL 34242 City SAFASOFA FL 2132473. 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE City SAFASOFA FL 2132473.	6. Nam	e and Address of Current	Registered Agent			7. Name and Addres	s of New Registere	ed Agent		1
SIGNATURE Signature for printed name of registered agent and little if applicable. (NOTE Registered Agent signature recurred when reintation) FILE N	5053 OCEAN BLVD			Stree	5HFY 7339	O. Bo Number is Not			231	1
TITLE	SIGNATURE	any lel	GAA-Y J. and title if applicable. (NOTE	Registered Agent sign	nature required w	then reinstating)	4/3 0/1	0 / E		- 13
NAME STREET ADDRESS CITY-ST-ZIP CIT	9.	MANAGING MEMBI	ERS/MEMBERS	10.			DDITIONS/CHANG			}_
TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TIT	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	MANI 6AL 733 SAL		We DAIV 34231		Addition	CR2E083 (11/00)
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change Addition	NAME STREET ADDRESS		□ Delete	NAME Street addrés	MAN RAD SAL	CAMPAIL TOWNERS	AD DAIN BYZYZ BYZYZ	☐ Change	Addition	S
NAME STREET ADDRESS CITY-ST-ZIP SAMAS SA	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRES	7-1 5-12-18	Aging Med ZCL MAN SEA	when way whe way 4 3424	Change	Addition	
NAME NAME STREET ADDRESS 500043258354 CITY-ST-ZIP 50004325835-019 *****50.00 *****50.00	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	MAN NOA 4071	Aging Me	JANT A	□ Change	Addition	<u>}</u>
T (4.1.1)	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	S	500		5835- -01125-0	4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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	STREET ADDRESS CITY-ST-ZIP		□ Delete	STREET ADDRESS	·			☐ Change	Addition	

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:

The WARE

BEGALLY.

. Aurold

4/30/01 929-170

Daytime Phone