2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003485

1. Entity Name

SHARE FIVE PROPERTIES, L.L.C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

FILED Jul 14, 2003 8:00 am Secretary of State

07-14-2003 90091 005 ****50.00

| Principal Place of Business Malling Address SIA MULLS AVENUE P.O. 80 S2535 SIA MULLS AVENUE P.O. 80 SIA APPLIED P.O. 80 SIA APPLI | | | | l | | - | | | | | |
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| GRIANDO FL 2880 | Principal Plac | e of Business | Mailing Address | | | ļ | | | | | |
| 2. Principal Place of Buginess | - | | ORLANDO FL 32853-3351 | ORLANDO FL 32853-3351 | | | 1 | | | | |
| Suite, Apt. 4, etc. City & State City & FL | | | ٠, | | | 1 / 120/(1 | ER a n 11 00 aa n) 11 06 11 06 a | 8 8))) 98) 81 | 1909 (190) 17 | (1 1) | |
| City & State City & State City & State City & State City & State A. FEI Number Sp-3636108 | Principal Place of Business 3. Mailing Address | | | | | <u> </u> | | | | | |
| Zip Country | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | CHECK HERE IF M | MAKING | CHANGES | š | |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name and Addres | City & Stat | e | City & State | | | 4. FEI Nun | 4. FEI Number 59-3636108 | | | | |
| LEFKOWITZ, IVAN M 430 NORTH MILLS AVENUE ORLANDO FL 32803 City FL Zip Code City Cit | Zip | Country | Zip | Zip Country | | | 5. Certificate of Status Desired \$5.00 Additional | | | | |
| Street Address (P.O. Box Number to Not Acceptable) City | | 6. Name and Address of Curre | nt Registered Agent | | | 7. Name a | nd Address of New Regis | tered A | jent | | |
| ASD NORTH MILLS AVENUE ORLANDO FL 32803 City FL City FL Zib Code City City FL Zib Code City FL Zib Code City FL Zib Code City City FL Zib Code City City City City City City City C | 1 660 | OMATIT INVANI BA | | [| Name | | | | | | |
| E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Price Price | 430 | NORTH MILLS AVENUE | | } | Street Addres | s (P.O. Box Num | ober is Not Acceptable) | | | | |
| The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | The Total | | | City | | | | Zip Cor | de | |
| The obligations of registered agent. Signature Si | | | | | | | | | | | |
| Charge C | the obligat | ions of registered agent. | . for the purpose of changing r | rs registeret | office of regis | itered agent, or i | ooth, in the State of Florida - | . I am ta | miliar with | , and accept | |
| 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR LEFKOWITZ, IVAN M 430 NORTH MILLS AVE. ORLANDE STREET ADDRESS CITY-ST-2IP TITLE MARE AND FL 32803 CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2 | SIGNATURE . | Signature, typed or printed name of registered age | ent and title if applicable. (NC | DTE: Registered | Agent signature requ | ired when reinstating) | | DATE | | | |
| 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR LEFKOWITZ, IVAN M 430 NORTH MILLS AVE. ORLANDO FL 32803 CITY-ST-2P NMGR LEFKOWITZ, FERN D 430 NORTH MILLS AVE. ORLANDO FL 32803 CITY-ST-2P ORLANDO FL 32803 CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRES | • | ? | FILE N | NOW!!! FI | EE IS \$50.00 | 0 | ļ | | | | |
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