2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 AM
Secretary of State

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Entity Name: BEST OF AFRICA, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1511 KIPLING LANE
LAKELAND, FL 33803

New Principal Place of Business:

PMG BLDG, 7454 BROKERAGE DRIVE
ORLANDO, FL 32809 US

Current Mailing Address:

1511 KIPLING LANE
LAKELAND, FL 33803

New Mailing Address:

47 WHITTIER MEADOWS DRIVE
AMESBURY, MA 01913 US

FEI Number: 59-3639370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARTMAN, STEPHEN H
908 SOUTH FLORIDA AVENUE, SUITE 102
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

PUISSEGUR, FRANK D
5410 S FLORIDA AVENUE, SUITE 12
LAKELAND, FL 33807 US

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: FRANK D PUISSEGUR 03/27/2002
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CONDY, YMKE
Address: 4747 NORTH ROAD 33, LOT 76A
City-St-Zip: LAKELAND, FL 33805

Title: MGRM ( ) Delete
Name: SMITH, BRAAM
Address: 1511 KIPLING LANE
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CONDY, YMKE
Address: 47 WHITTIER MEADOWS DRIVE
City-St-Zip: AMESBURY, MA 01913

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: YMKE CONDY MGRM 03/27/2002
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date