FILED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

Feb 24, 2003 8:00 am Secretary of State DOCUMENT # L0000004694 1. Entity Name 02-24-2003 90055 046 ****50.00 PINKOSON SPRINGS, L.L.C. Principal Place of Business Mailing Address 14110 N.W. 21ST LANE 14110 N.W. 21ST LANE GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of 3. Mailing Ad the Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 37-1363137 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional じょうて Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TONNELIER, THOMAS H 14110 N.W. 21ST LANE Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32606** City Zip Code 8. 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. I am familiar with, and accept the obligations of r SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE **PRES** ☐ Delete TITLE ☐ Change ☐ Addition NAME TONNELIER, THOMAS H NAME STREET ADDRESS 14110 N.W. 21ST LANE STREET ADDRESS CITY-ST-ZIF GAINESVILLE FL 32606 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_ZIP_ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete → Change Chan ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe 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 repeliver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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