**FILED**
**Jul 03, 2003 8:00 am**
**Secretary of State**

5/9

5/

05-09-2003 90054 001 ****50.00

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005910

1. Entity Name

EXECUTIVE FORUM LLC

44005246

| Principal Place of Business | Mailing Address |
|---|---|
| 2010 BAYVIEW DRIVE<br>TIERRE VERDE FL 33715 | 2010 BAYVIEW DRIVE<br>TIERRE VERDE FL 33715 |

[redacted]

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3674856 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ISAACS, SHERYLE<br>2010 BAYVIEW DRIVE<br>TIERRE VERDE FL 33715 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>ANGELLO, MIKE<br>12651 RACE TRACK RD<br>TAMPA FL 33626 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGER<br>Sheryle Isaacs<br>2010 Bayview Dr<br>Tierra Verde, FL 33715 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>DAVIS, PAM<br>12425 28TH ST N SUITE 103<br>ST PETERSBURG FL 33716 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Manager<br>Sheryle Isaacs<br>2010 Bayview Dr.<br>Tierra Verde FL 33715 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>FAULHABER, FRITZ<br>14681 EVERGREEN AVE<br>CLEARWATER FL 34622-3088 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>HEIST, TRIP<br>1901 ULMERTON RD<br>CLEARWATER FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>POPPLETON, JAY<br>P.O. BOX 4490<br>CLEARWATER FL 34618-4490 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Reilly, Jerry<br>6663 S. Trask Ave.<br>Tampa, FL 33616 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E083 (10/02)

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 receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 4-21-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #