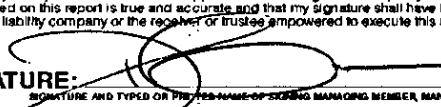


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90035 014 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000006348					
1. Entity Name FRENCH LUX BARGING, LLC					
Principal Place of Business 400 N Tampa St Suite 2000 Tampa, FL 33602			Mailing Address 400 N. Tampa St. Suite 2000 Tampa, FL 33602		
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 57-1122227				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent C. ATWELL MOORE, ESQUIRE MACFARLANE, FERGUSON, & MCMULLEN 400 N. TAMPA ST. #2300 TAMPA, FL 33602			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when returning)					
FEES: NOW \$150.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SOUCCAR, DEBORAH		NAME		
STREET ADDRESS	177 LAWRENCE AVE E		STREET ADDRESS		
CITY-ST-ZIP	Toronto, ONTARIO M4N 1S9		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MAGUIRE, KEVIN		NAME		
STREET ADDRESS	71, Chemin des Lilas		STREET ADDRESS		
CITY-ST-ZIP	Ste Anne des Lacs, QUE J0R 1B0		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		
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 608, Florida Statutes.					
SIGNATURE:  10 Apr '03 800-313-2702					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR20083 (10/02)