2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2002 8:00 am Secretary of State DOCUMENT # L0000006544 1. Entity Name 04-17-2002 90185 001 ***110.00 CAP-TAMPA, LLC Principal Place of Business Mailing Address 131 FALLS ST 131 FALLS ST SUITE 100 SUITE 100 **GREENVILLE SC 29601** GREENVILLE SC 29601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 57-1099927 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent F & L CORP Street Address (P.O. Box Number is Not Acceptable) 200 LAURA ST JACKSONVILLE FL 32202 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required Terr (einstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State . Due By May 1,2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition GLENN, DAVID W NAME NAME STREET ADDRESS 131 FALLS ST SUITE 100 STREET ADDRESS CITY-ST-ZIP **GREENVILLE SC 29601** CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chāngē ☐ `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-\$T-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 material liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF