

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L00000007735****1. Entity Name**  
RNHM, L.L.C.

<b>Principal Place of Business</b> 4411 CLEVELAND AVENUE  FORT MYERS FL 33901	<b>Mailing Address</b> 4411 CLEVELAND AVENUE  FORT MYERS FL 33901
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<b>2. Principal Place of Business</b> 615 CHANNELSIDE DRIVE  Suite, Apt. #, etc. 305	<b>3. Mailing Address</b>  Suite, Apt. #, etc.
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<b>City &amp; State</b> TAMPA FL	<b>City &amp; State</b>
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<b>Zip</b> 33602	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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<b>4. FEI Number</b> 65-1046235	<b>Applied For</b> <input type="checkbox"/> Additional Fee Required <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

SIMEONE RICHARD J  
436 SOUTH ANDREWS AVENUE  
  
FORT LAUDERDALE FL 33301 US

**7. Name and Address of New Registered Agent**

<b>Name</b> SIMEONE RICHARD J
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 4411 CLEVELAND AVENUE
<b>City</b> FT MYERS FL <b>Zip Code</b> 33901

**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** \_\_\_\_\_ **04/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> LYNCH PAUL W 4411 CLEVELAND AVENUE FT MYERS FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> GIBSON MARK 41 WEST CHURCH STREET ORLANDO FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> DAVID LAGESCHULE L 4411 CLEVELAND AVENUE FT MYERS FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.****SIGNATURE:** Paul W. Lynch **MGR** **04/19/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)