FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90130 050 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008086

1. Entity Name
PROJECTED OUTCOMES, L.L.C.

Principal Place of Business	Mailing Address
1010 ORIOLE AVENUE MIAMI, FL 33166	1010 ORIOLE AVENUE MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
1409 SE SUNSHINE AV	1409 SE SUNSHINE AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST LUCIE, FL	City & State: PORT ST LUCIE, FL
Zip: 34592 Country: ST LUCIE	Zip: 34952 Country: ST LUCIE

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, PATRICK
1010 ORIOLE AVENUE
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name: PATRICK PARKER
Street Address (P.O. Box Number is Not Acceptable): 1409 SE SUNSHINE AV
City: PORT ST LUCIE FL Zip Code: 34952

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 ______________________
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☑ Change ☐ Addition
NAME	PARKER, PATRICK MGR		NAME	PATRICK PARKER	
STREET ADDRESS	1010 ORIOLE AVENUE		STREET ADDRESS	1409 SE SUNSHINE AVE	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
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
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE: [signature] PATRICK PARKER 4/21/03 3057727947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #