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Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91000 008 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

300062839

DOCUMENT # L00000008411

1. Entity Name
TOCOI JUNCTION, L.L.C.

Principal Place of Business	Mailing Address
32 GROVE AVENUE ST. AUGUSTINE, FL 32084	32 GROVE AVENUE ST. AUGUSTINE, FL 32084

2. Principal Place of Business	3. Mailing Address
234 Nesmith Ave.	P.O. Box 805
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32084 Country: USA	Zip: 32085 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3669252 — 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
BROWN, WILLIAM A 32 GROVE AVENUE ST. AUGUSTINE, FL 32084	Name: William A. Brown Street Address (P.O. Box Number is Not Acceptable): 234 Nesmith Ave. City: St. Augustine FL Zip Code: 32084

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BROWN, WILLIAM A 32 GROVE AVENUE ST. AUGUSTINE, FL 32084 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM William A. Brown 234 Nesmith Ave. St. Augustine, FL 32084 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Will A. Brown 4/22/03 904-814-2784

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