2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

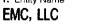
Mailing Address

P.O. BOX 511626

PUNTA GORDA FL 33951-1626

DOCUMENT # L0000008789

1630 VIA BIANCA



Principal Place of Business

PUNTA GORDA FL 33950



Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90049 048 ****50.00

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2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent GALLAGHER, KAREN ANN 1630 VIA BIANCA Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA FL 33950 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10 MGRM TITLE Delete TITLE GALLAGHER, KAREN A NAME NAME 1630 VIA BIANCA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33950** CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ 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.