2003 LIMITED LIABILITY COMPAI

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, CANAGER, OR AUTHORIZED REPRESENTATIVE

1. Firth Name	1. Entry Name MOORILAND CAPITAL GROUP LLC MOORILAND CAPITAL GROUP LLC Moving Advises at Making Advises 1905 TAMPA PAUS BLVD. W. SUITE 32 TAMPA FL 38647 2. Principal Piece of Business 37 S. HADREY OR LUTE A PAUS BLVD. W. SUITE 32 TAMPA FL 38647 Dry & State A PEI Number 59-3662053 A PEI N	Uł	NIFORM BUSINE	SS REPORT	r (ÚB	R)			03 8:00		
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Suite Apt # etc. Suite 3344 Chy & State Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address of New Registered Agent City FL Zip Code B. The above named entity sustains this statement for the purpose of changing list registered agent, or both, in the State of Forida. I am tarphita with, and accopt the obligations of registered agent, or both, in the State of Forida. I am tarphita with, and accopt the obligations of registered agent, or both, in the State of Forida. I am tarphita with, and accopt the obligations of registered agent, or both, in the State of Forida. I am tarphita with, and accopt the obligations of registered agent, or both, in the State of Forida. I am tarphita with, and accopt the obligations of registered agent, or both, in the State of Forida. I am tarphita with, and accopt the obligations of registered agent, or both, in the State of Forida. I am tarphita with, and accopt the obligations of registered agent, or both, in the State of Forida. I am tarphita with, and accopt the obligations of registered agent, or both, in the State of Forida. I am tarphita with, and accopt the obligations of registered agent, or both, in the State of Forida. I am tarphita with, and accopt the obligations of registered agent, or both, in the State of Forida. I am tarphita with, and accopt the obligations of registered agent, or both, in the State of Forida. I am tarphita with, and accopt the obligations of registered agent, or both, in the State of Forida. I am tarphita with, and accopt the obligations of registered agent, or both, in the State of Forida. I am tarphita with, and accopt the	Suite, Apt. etc. Apt. etc. Suite, Apt. etc. Suite, Apt. etc. Suite, Apt. etc.	· ·		3. Mailing Address					11 60111 90115 18110 11611 001	61 libi i ss i	
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S. Name and Address of Current Registered Agent GHILLYER, ANDREW DR S038 SOUTHAMPTON CIRCLE TAMPA FL 33647 City City FL Zip Code Sirest Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sirest Address (P.O. Box Number is Not Acceptable) City FL Zip Code Signature requisitions of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and tisel application. Signature requisition of registered agent and tisel application. Signature requisition of registered agent and tisel application. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 Signature requisition of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent and tisel application. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 SINET ADDRESS Chr. 51-2P TAMPA FL 33847 Delete TITLE Change Addition NAME SINET ADDRESS Chr. 51-2P Change Addition NAME SINET ADDRESS Chr. 51-2P Change Addition NAME Check Addition SINET ADDRESS Chr. 51-2P	S. Name and Address of Current Registered Agent Name	てなんる		Zip	Country		5. Certificate	of Status Desired			
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	11. Inereopy 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 t	the same leg	al effect as if ma	ade under oath:	that I am a managing	ther certify that the in member or manager	formation of the	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	indicated on this report is true and accurate and that my signature shall have the same local effect as if made under eath, that I am a managine mamber as managine mamber as managine mamber as managine in the	limited lia	bility company or the receiver or trustee	empowered to execute this	report as req	uired by Chapte	er 608, Florida S	tatutes.	member of manager	OI THE	

ANGREW GHILLYEN