2001 UNIFORM BUSINESS REPORT (UBR)

| SUCVENTURES XI, LLC OI MAY - I PM 5: 34 SECRETARY OF STATE TALE A HASSE. FLORIDA SSS SOUTH HOWARD ARRIVE #8 TAMPA FL 30008 2. Principal Place of Brusiness 533 SOUTH HOWARD ARRIVE #8 TAMPA FL 30008 2. Principal Place of Brusiness 533 S. Howards Are R. 30008 2. Principal Place of Brusiness 533 S. Howards Are R. 30008 2. Principal Place of Brusiness 533 S. Howards Are R. 30008 2. Principal Place of Brusiness 533 S. Howards Are R. 30008 2. Principal Place of Brusiness 533 S. Howards Are R. 30008 2. Principal Place of Brusiness 533 S. Howards Are R. 30008 2. Principal Place of Brusiness 533 S. Howards Are R. 30008 2. Principal Place of Brusiness 533 S. Howards Are R. 30008 2. Principal Place of Brusiness 533 S. Howards Are R. 30008 3. Note April Are R. 3000 3. Note April Are R. 300 | | DOCUMENT # L0000010212 | | | | r.i | ILEU | | |
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| SINGLETON, STEVEN D 101 E. KENNEDY BLVD., SUITE 2700 TAMPA FL 33602 6. The above named entity autyrib_unts stategrant for the furness dispraining its registered agent, or both, in the State of Florido. SIGNATURE SIGNA | 336 | 06 Country USA | | USA. | 5. Certi | ficate of Status Desired | | | |
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| 101 F. KENNEDY BLVD., SUTTE 2700 TAMPA FL 33602 City WD MM RDUKS FL 35 CM2 85 8. The above named only supplied to program of payinging its registered difference or registered agent, or both, in the State of Fordia. SIGNATURE Supplied to programs of registered agent, or both, in the State of Fordia. FILE N WIII FEE IS \$50.00 Make Check P) Subject to Department of State Make Check P) Subject to Depar | ONIOLETONI OTTUEN D | | | | <u> </u> | | | | |
| TAMPA FL 338602 City WO AM ROURS FL 29,509 85 8. The above named entity superfits—this station of to this purpose of congriging its registered office or registered agent, or both, in the State of Florida. SIGNATURE SI | · | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| City WO M ROULS FL 39578 85 8. The above named entity subgrifts-trifs stategrieff for the plurpose of objecting in the registered office or registered agent, or both, in the State of Florida. SIGNATURE Option Projection Projection | · | | | | | | | | |
| 8. The above named entity subjetits state statement for Meriphuroses of Springing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNA | 111 | | | City) W | City INDIAN ROURS FL 3989885 | | | | |
| FILE N W!!! FEE IS \$50.00 | 8. The above | named entity submits this statement for | or the purpose of changing its re- | <u></u> | | | | | |
| Supplied typics or printed signers and table tabeleable. Title | SIGNATI JRE | Theologi | | | | | 4/20/01 | , | |
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| 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. | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | . Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | | | |
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