FILED
Jul 02, 2002 8:00 am
Secretary of State

05-22-2002 90222 009 ****50.00

0036757

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011499

1. Entity Name

COLLIERS ARNOLD RESEARCH, LLC

Principal Place of Business	Mailing Address
121 N. OSCEOLA AVENUE CLEARWATER FL 33755	121 N. OSCEOLA AVENUE CLEARWATER FL 33755

31230

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
17767 US 19 North		17757 US 19 North	
Suite, Apt. #, etc. Ste 275		Suite, Apt. #, etc. Ste 275	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33764	Country USA	Zip 33764	Country USA.

4. FEI Number 59-3679692 ~~APPLIED FOR~~ ☐ 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
ARNOLD, LEE A JR. 121 N. OSCEOLA AVENUE CLEARWATER FL 33755	Name Lee E Arnold, Jr Street Address (P.O. Box Number is Not Acceptable) 17757 US 19 North Suite 275 City Clearwater FL Zip Code 33764

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.

SIGNATURE Lee E. Arnold, Jr. [signature] 4-29-02

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHKIND, HENRY H 11869 HIGH TECH AVENUE ORLANDO FL 32817	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ARNOLD, LEE 121 N. OSCEOLA AVENUE CLEARWATER FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Lee E. Arnold, Jr 17767 US 19 North Suite 275 Clearwater, FL 33764	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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] SIGNATURE REQUIRED 4-29-02 727-442-7184

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