2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business Mailing Address PO BOX 1110 BRANDON RI 33511 DO NOT WRITE IN THIS SPACE	1. Entity Name	MENT # LOOOC	*******	•		FILED OI MAY - 1 PM 5: 48 SECRETARY OF STATE				
Suite, Apt. #, etc. Suite, Apt. #, etc. Cry & State City & State City & State City & State Country Zip Country Zip Country Zip Country To Country Zip Country To Country Should Address of New Registered Agent Name MCDERMOTT, MICHAEL J ESQUIRE 791 W. LUMSDEN RD. BRANDON FL 33511 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Anti- City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Anti- City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Anti- City FL Zip Code Anti- City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Anti- City F	1201 OAKFIEL	LD DR.	PO BOX 1110			TAL	LAHASS	EE, FLORID	A	i Japan Biro n 1 02 1
City & State Country Country Street Address of Country Street Address of New Registered Agent Namo Street Address of New Registered Agent Namo Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Title New Street Address of New Registered Agent State of Florida Significant for the purpose of changing its registered officer or registered agent, or both, in the State of Florida Significant for the purpose of changing its registered officer or registered agent, or both, in the State of Florida Significant for the purpose of changing its registered officer or registered agent, or both, in the State of Florida Significant for the purpose of changing its registered officer or registered agent, or both, in the State of Florida Significant for the purpose of changing its registered agent	2. Principal Pl	lace of Business	3. Mailing Address							
Not Apply Street Address of Current Registered Agent Street Address of New Registered Agent Name Street Address of New Registered Agent Name Name Street Address of New Registered Agent Name Name Name Street Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) Name Street Address (P.O. Box Number is Not Acceptable) Name Na	Suite, Apt. #, etc.		Suite, Apt. #, etc.							
S. Name and Address of Current Registered Agent MCDERMOTT, MICHAEL J ESQUIRE 79! W. LUMSDEN RD. BRANDON FL 33511 Signature, hypodic pirroad rame of registered agent and bit if applicable. MARM MARM MCRM MCRM MCRM MCRM MCRM MCRM MCRM MCRM MCMRGHT, WILLIAM D STREET ADDRESS GITY-ST-ZP TITLE NAME STREET ADDRESS GITY-ST-ZP TITLE STREET ADDRESS						4. FEI N	lumber		No	ot Applicable
MCDERMOTT, MICHAEL J ESQUIRE 791 W. LUMSDEN RD. BRANDON FL 33511 City FL Zip Code 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 Signature, tripped or printed name of registered agent end tible if applicable. (NOT) Registered Agent signature required when reinstalting) PLATE FILE IN WILL FEE IS \$50.00 Make Check PP able to Department of State 9. MANAGING MEMBERS/MEMBERS TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP MCKNIGHT, WILLIAM D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST	_ Zip	Country	Zip	Country		- 5. ~Certi	ficate of Status	Desired	\$5.00 Add Fee Require	ditional id
MCDERMOTT, MICHAEL J ESQUIRE 791 W. LUMSDEN RD. BRANDON FL 33511 City FL Zip Code City FL Zip Code 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 SQNATURE SQNATURE SQNATURE SQNATURE		6. Name and Address of Current	Registered Agent		Name	7. Nam	e and Address	s of New Register	red Agent	
THE MARK STREET ADDRESS CITY-ST-ZIP TITLE	MCDERM	OTT, MICHAEL J ESQUIRE				PO Box N	lumber is Not A	Accentable		
SIGNATURE SIGNAT	791 W. LUMSDEN RD.					P.O. BOX N	TOTTLOGT IS NOT 7			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating) DATE	2.2.2.2				City				FI Zip Cod	е
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating) DATE	9 The above	named entity submits this statement for	r the purpose of changing its r	registered (office or register	ed agent.	or both, in the			
Signature hypod or printed name of registered agent and tibe if applicable. (NOT)	0. 7.10 0.5010	Trained Striky Gastria and Strategic Trainers	, and paripoon or or any angles	-3			,			
Make Check Ps able to Department of State 9. MANAGING MEMBERS/MEMBERS TITLE MGRM Delete NAME NCKNIGHT, WILLIAM D STREET ADDRESS CITY-ST-ZIP RAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-	SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOT	Registered Ag	gent signature required	when reinstati	ng)	DA	TE	
9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE MGRM Delete NAME NAME NAME NAME NAME NAME NAME NAME NAME						f Stata				
MGRM MCKNIGHT, WILLIAM D Delete NAME					Jepartinent o	1 Oldie				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	MGRM		TITLE		<u></u>				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	% 1201 OAKFIELD DR.		STREET A			•	-05/21/01 *****5[].{		50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME Street A					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE	-217				Change	Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			STREET A						
	NAME STREET ADDRESS		☐ Delete	NAME Street a					☐ Change	Addition
NAME NAME	TITLE		☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			STREET A						
TITLE TITLE TITLE TITLE Change TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME Street A					☐ Change	Addition
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 he 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 eport as required by Chapter 608, Florida Statutes. SIGNATURE: X // (8/3) 65/-42.79	indicated (limited liab	on this report is true and accurate and pility company or the receiver or trusted	this filing does not qualify for that my signature shall have hempowered to execute this execute	the exemp he same le eport as re	ation stated in Se egal effect as if m quired by Chapt	nade unde ter 608, Flo	r oath; that I ai orida Statutes.	m a managing me	ember or manage	er of the