FILED
May 30, 2003 8:00 am
Secretary of State

05-02-2003 90585 030 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012438

1. Entity Name
WOLSONOVICH, LLC

Principal Place of Business	Mailing Address
~~2203 LAKE DEBRA DRIVE, #128~~	~~2203 LAKE DEBRA DRIVE, #128~~
~~ORLANDO, FL 32835~~	~~ORLANDO, FL 32835~~

2. Principal Place of Business		3. Mailing Address	
9011 Pinnacle Circle		9011 Pinnacle Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Windermere, FL		City & State: Windermere, FL	
Zip: 34786	Country: U.S.A.	Zip: 34786	Country: U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ~~59-3383789~~ 59-3683789 ☐ 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
FEDOREK, JOHN J	Name
2100 SE OCEAN BLVD., SUITE 205	Street Address (P.O. Box Number Is Not Acceptable)
STUART, FL 34996	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILING FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	WOLSONOVICH, N. MICHAEL JR		NAME	Wolsonovich, N. Michael Jr.	
STREET ADDRESS	2203 LAKE DEBRA DRIVE, #128		STREET ADDRESS	9011 Pinnacle Circle	Managing
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	Windermere, FL 34786	member
TITLE	M	☐ Delete	TITLE	M	☒ Change ☐ Addition
NAME	WOLSONOVICH, MARK E		NAME	Wolsonovich, Mark E.	
STREET ADDRESS	250 TOD LANE		STREET ADDRESS	270 Belhaven Falls Drive	Managing
CITY-ST-ZIP	YOUNGSTOWN, OH 44504		CITY-ST-ZIP	Ocoee, FL 34761	member
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ 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.

SIGNATURE: N. Michael Wolsonovich Jr., N. Michael Wolsonovich Jr. 4/29/03 407-532-3382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)