

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

01 MAY -1 PM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0017258 AF

DOCUMENT # L00000012754

1. Entity Name
RA VENTURES XI, L.L.C.

Principal Place of Business

533 S. HOWARD AVE. #8, PMB#53,
TAMPA FL 33606

Mailing Address

533 S. HOWARD AVE. #8, PMB#53
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-369-8010

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MULLIS, HAROLD W JR.
101 E. KENNEDY BLVD., STE. 2700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: RIVERSON S. LEONARD
Street Address (P.O. Box Number is Not Acceptable):
533 S. HOWARD AVE
PMB # 853
City: TPA FL Zip Code: 33606

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: RIVERSON S. LEONARD

[Signature] RA

4/20/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: MGR
NAME: LEONARD, RIVERSON S
STREET ADDRESS: 533 S. HOWARD AVE. #8, PMB#53
CITY-ST-ZIP: TAMPA FL 33606

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10. ADDITIONS/CHANGES

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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.

SIGNATURE:

[Signature] RIVERSON S. LEONARD, MGR

Date

Daytime Phone #

4/20/01 722409080

CR2E083 (11/00)