2001 UNIFORM BUSINESS REPORT (UBR) FILED W/3/30 DOCUMENT # L0000 00 3033 1. Entity Name 01 MAR 26 PM 1: 18 2200 9TH STREET LLC SECRETARY OF STATE: TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 2: Principal Place of Business 3. Mailing Address 2230-2207 9TH ST. WEST 8519 10TH AVE N.W. Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BRADENTON FLORIDA BRADENTON. FLORIDA X Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 34209 U.S. 34209 U.S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CURTIS R. SHARPE Street Address (P.O. Box Number is Not Acceptable) 8519 10TH AVE N.W. BRADENTON, FLORIDA 34209 City 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 CURTIS R. SHARPE, MEMBER SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MEMBER ПΠЕ TITLE Delete Change Addition CURTIS R. SHARPE NAME NAME 8519 10TH AVE N.W. STREET ADDRESS STREET ADDRESS 600003953446-CITY - ST - ZIP BRADENTON. FL34209 CITY - ST - ZIP <u> 04/03/01--01063--015</u> Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE MLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TILE Delete Change NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZIP CITY - ST - ZIP Delete TITI F Change 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 eath; 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.

-CURTIS R.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

SHARPE

Daytime Phone #