2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000013380

1. Entity Name

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FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90572 027 ****50.00

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UNDERWOOD, ROBERT I. S37 EAST PARK AVENUE TALLAHASSEE PL 3201 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 or registered agent. SIGNATURE SUPPLIED TO 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 or registered agent. SIGNATURE SUPPLIED TO 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 debt of the purpose of the agent age	Zip	Country	Zip	Cour	ntry	5. Certificat	e of Status Desired			
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Site Address (P.O. Box Number is Not Acceptable) City	UND	FRWOOD ROBERT I			Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SUMMAN, spend of peated rank of registered agent and the it applicable. 0/OTE Registered Agent Agent agent and the registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida agent, or both and entertaints SECKSTEAD, DEAD	537	EAST PARK AVENUE				Address (P.O. Box Number is Not Acceptable)				
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		ertify that the information supplied wi	ith this filing does not qualify			ction 119.07(3)	(i), Florida Statutes. I fu	urther cert	ify that the in	nformation

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