2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L00000013858

1. Entity Name

TANGERINES MUSIC, LLC

Principal Place of Business	Mailing Address
583 PONDELLA RD., UNIT 583G	583 PONDELLA RD., UNIT 583G
NORTH FT MYERS FL 33903	NORTH FT MYERS FL 33903

2. Principal Place of Business	3. Mailing Address
Same As Above	*Same As Above*
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country	Zip — Country

4. FEI Number 65-1069191   — 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
PETERSON, STEVEN G	Name: N/A
2531 S.W. 52ND LANE	Street Address (P.O. Box Number is Not Acceptable)
CAPE CORAL FL 33914	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: *Steven Gus Peterson*   PARTNER /OWNER (STEVEN GUS PETERSON)   10APR01

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

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE PARTNER / NAME FRED E. PETERSON / STREET ADDRESS 1267 SABAL GARDENS DRIVE / CITY-ST-ZIP N. FORT MYERS FL 33903-3624	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	800004034410 -04/27/01--01040--001 *****50.00 *****50.00	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Steven G Peterson*   STEVEN G. PETERSON   8APR01   9419978224

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

CR2E083 (11/00)