3

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

			i (ODE	L)			
DOCUME 1. Entity Name	ENT #L00000	014462	<u>-</u>]		
Silicon2, LLC					FILED		
O TITCONZ, LLC					02 OCT 28 PM 12: 04		
DO NOT WRITE IN THIS SPACE					SECRETARY OF STAGE TAREAHASSEE ELORIDA		
2. Principal Place			ACL		ALEAHAS	SEE. FLORIDA	
4H5 22\ Suite, Apt. #, etc	nd AUE S.E.	P.O. GO	(1367	12			
City & State		Suite, Apt. #, etc. City & State		·	DO NOT WRITE IN THIS SPACE		
Zip	Country	Saint Peter	Sbvg		593682256	Applied For Not Applica	
33705	USA	33733	USA		5. Certificate of Status Desired	□ \$5.00 Additional Fee Required	
into the age of		n e was a sure of	Nar	ne	7. Name and Address of Current		
4.7	DO NOT W		Stre	et Address (F	aac w MCKIr P.O. Box Number is Not Acceptable	ney III	
	IIA TIŽIJO OL	ACE	<u> </u>	15 2	2nd AVE S	i.E.	
8. The above named	d entity submits this statement for	the purpose of changing in	City	baint	Pelanelia	Zip Code	
SIGNATURE	See w	V/C/Coop	registered offic	e or registere	ed agent, or both, in the State of Flor	ida.	
Signatul	e. Typed or printed name of registered agent a		EEE IS SEO			DATE	
		Make Check Pa	FEE IS \$50.0 yable to Dep DUE BY MAY	artment of	State		
e.	MANAGING MEMBER	RS/MANAGERS					
	iac mcikinneys 5 12nd AVC SE.		NAME STREET ADDRE	1.	v		
CITY-ST-ZIP Say				SS	000008604030 10/28/0201025001 **50.00		
NAME Lus	Willette Givens			-	000008604030 10/28/0201025001 **50.00		
	int Prefersburg,	FL 33705	STREET ADDRES CITY-ST-ZIP	SS			
TITLE			TITLE NAME				
STREET ADDRESS	- ·· . <u>-</u>		STREET ADDRES	ş	DO NOT V	VRITE	
TITLE IAME			TITLE NAME		IN THIS S		
TREET ADDRESS ITY-ST-ZIP			STREET ADDRESS	s		, , , , ,	
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TREET ADDRESS TY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	5		129,118	
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TREET ADDRESS TY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		
I hereby certify that indicated on this re- limited lie had	at the information supplied with the aport is true and accurate and the	is filing does not qualify for t at my signature shall have th	ne exemption st	ated in Section	on 119.07(3)(i), Florida Statutes, I fund e under oath; that I am a managing 508, Florida Statutes	ther certify that the information	
птитеч нарыку соп	npany or the receiver or trustee el	npowered to execute this re	port as required	by Chapter 6	508, Florida Statutes.	member or manager of the	
IGNATURE:	RE AND TYPED OR POINTED HAME OF THE		1 /CV	4	- 10/6/12-	127-642-6407	
	RE AND TYPED OR PRINTED NAME OF SK	PRINT MARAGING MEMBER, MANN	SER, OR AUTHORIZE	D REPRESENTAT	TIVE Date (Daytime Phone	

145 22nd AVE SE Saint Petersburg, Florida 33705

October 21, 2002

Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

Dear Sir or Madam:

I spoke with your department Pertaining to the UBR that I didn't receive. Please check your records to ensure that the information that you have listed is correct. Per our Conversation I've enclosed a check for \$50.00 and a signed copy of the UBR for LLC

Sincerely,

Isaac W. W. McKinney III

Principal