FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90060 022 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014784

10102479

1. Entity Name
C.R.T. ENTERPRISES, LLC

Principal Place of Business
710 OAK COMMONS BLVD.
KISSIMMEE, FL 34741

Mailing Address
4545 PLEASANT HILL RD., STE. 112
KISSIMMEE, FL 34759

2. Principal Place of Business
Suite, Apt. #, etc. 710 Oak Commons Blvd
City & State Kissimmee, FL
Zip 34741 Country EEUU

3. Mailing Address SAME AS 2.
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3714485 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
TORRES-RUIZ, CECILIO MD, PA
4545 PLEASANT HILL RD., STE. 112
KISSIMMEE, FL 34759

7. Name and Address of New Registered Agent
Name SAME AS 6.
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cecilio Torres-Ruiz MD, PA DATE 5/01/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TORRES-RUIZ, CECILIO		NAME	
STREET ADDRESS	4545 PLEASANT HILL ROAD, STE 112		STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34759		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E083 (10/02)

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: C. Torres MD PA 5/01/2003 (407)931-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #