1.

2002 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business 103 SW 2ND AVE. GAINESVILLE FL 32601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Applied Street Address of New Registered Agent Name WALKER, GARY 100 S. ASHLEY DRIVE SUITE 1500 TAMPA FL 33602 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 Forida. SIGNATURE Sprakure, types or pretad name of registered agent and title if applicable. INOTE Registered Agent spraker registered agent, or both, in the State of Forida. SIGNATURE Sprakure, types or pretad name of registered agent and title if applicable. INOTE Registered Agent spraker registered agent, or both, in the State of Forida. SIGNATURE Sprakure, types or pretad name of registered agent and title if applicable. INOTE Registered Agent spraker registered agent, or both, in the State of Forida. SIGNATURE Sprakure, types or pretad name of registered agent and title if applicable. INOTE Registered Agent spraker registered agent, or both, in the State of Forida. ARE A FEI Number 59-3698955 A Poblic Not Agent agent and address of New Registered Agent age	
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Country City & State Country City Country City Country City Country City & State Country Space Country Sp	
Suite, Apt. #, etc. City & State 4. FEI Number 59-3698955 Applied Not Apylied Not Apylied St. Certificate of Status Desired \$5.00 Additions Fee Required Fee Required Fee Required Name WALKER, GARY 100 S. ASHLEY DRIVE SUITE 1500 TAMPA FL 33802 City 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 agent, or both, in the State of Florida. SIGNATURE Signature typed or proted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nevertating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002	
City & State Country Country Country 5. Certificate of Status Desired \$5.00 Additions Fee Required Fee Required Fee Required Name WALKER, GARY 100 S. ASHLEY DRIVE SUITE 1500 TAMPA RL 33602 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 Signature, typed or protect name of registered agent and title if applicable. (NOTE: Registered Agent algebraic required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002	iii
Zip Country Zip Country 59-3698955 Applies I Applied Not Applied Not Applied Status Desired \$5.00 Additions fee Required Status Desired \$5.00 Additions fee Required Street Address of New Registered Agent Name WALKER, GARY 100 S. ASHLEY DRIVE SUITE 1500 TAMPA RL 33602 City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. SIGNATURE Signature, typed or printed name of registered agent and size if applicable. (NOTE: Registered Agent agreeture required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002	
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10. ADDITIONS (CHANGES	
MEM Delete TITLE NAME SILVERSTEIN, BURTON V TREET ADDRESS 1103 SW 2ND AVE.	S 99 CR2E083 (9/01)
TILE MEM DILLON ANCHART C. CTY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TILE Fartyer Change A	
TREET ADDRESS 1103 SW 2ND AVE.	an O
TLE MEN CITY-ST-ZP	_
AME ROARK, STEVEN F HAME 1103 SW 2ND AVE. Change Add Add STREET ADDRESS:	m
IY-ST-ZP GAINESVILLE FL 32601 CITY-ST-ZIP	
MEM Defete TITLE VICE - President Dehange Ad	<u> </u>
REET ADDRESS 1103 SW 2ND AVE. STREET ADDRESS	
GAINESVILLE FL. 32601 CITY-ST-ZIP. MEM Delete TITLE PARTYCY TRACE	_
FROS, BERNARD J STREET ADDRESS 1103 SW 2ND AVE. NAME STREET ADDRESS ACCURAGE ACC	,
GARNESVILLE FL 32601 CITY-ST-ZIP	1
NAME SEET ADDRESS STREET ADDRESS CITY-ST-ZIP CHANGE	
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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or pushes empowered to execute this report as required by Chapter 608, Florida Statutes.	
GNATURE: X SIC SILVER AND TYPED OR PRINTED NAME OF EXIGURO MANAGUNO MEMBER, OR AUTHORIZED REPRESENTATIVE DAME DAM	-