2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000016058

TRUMBO CAPITAL MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address				
1220 EDGEWATER DRIVE. SUITE 6 & 7 ORLANDO FL 32904	1220 EDGEWATER DRIVE. SUITE 6 & 7 ORLANDO FL 32804				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

FILED Jul 10, 2002 8:00 am Secretary of State 07-10-2002 90198 040 ****50.00



2. Principal Place of Business 3. Mailing Address									
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
		City & State			4. FEI Number 59-3688185			Applied For Not Applicable	
Zip Country Zi		Zip	p Country		ertificate of Status Desired			ditional	
	6. Name and Address of Curre	ent Registered Agent		7. Name	and Address of New Re	gistered Ag	ent		
DECUBELLIS & MEEKS, P.A. ATTN: DANIEL L. DECUBELLIS 837 N. GARLAND AVENUE ORLANDO FL 32801			Name Street Address (P.O. Box Number is Not Acceptable)						
		City	City FL Zip Code						
	e named entity submits this statemen lions of registered agent. Signature, typed or printed name of registered ag	ent and title if applicable. (NO		ure required when reinstatin		DATE	niliar with,	and accept	
9.	MANAGING MEM		y September 25,		ADDITIONS/C	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRUMBO, J. BOWMAN 1220 EDGEWATER DRIVE ORLANDO FL 32804	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<i>Nesmona</i> , e		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
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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: DIVIDITION OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE