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FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90127 045 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000719

1. Entity Name
BEHIND THE 8-BALL, LLC

Principal Place of Business

**5419 VINELAND RD.
ORLANDO FL 32811**

Mailing Address

**5419 VINELAND RD.
ORLANDO FL 32811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

0515
594-40-1640

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VARKEY SUSAN
557 NORTH WYMORE RD., STE. 100
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

JANET L. Kelley

Street Address (P.O. Box Number is Not Acceptable)

5419 VINELAND ROAD

City

ORLANDO

FL

Zip Code

32811

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

[Handwritten Signature]

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME Delete
ROBERT J. Bode
STREET ADDRESS
5419 VINELAND Rd
CITY-ST-ZIP
ORLANDO, FL 32811

TITLE NAME Delete
JANET L. Kelley
STREET ADDRESS
5419 VINELAND Rd
CITY-ST-ZIP
ORLANDO, FL 32811

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Change Addition
PRESIDENT
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
SECT/TREAS.
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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:

[Handwritten Signature] **REQUIRED**

Signature and typed or printed name of signing managing member, manager, or authorized representative

03/20/02 407370-0469

Date

Daytime Phone #

CR2E083 (9/01)