

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # LD10000001714
1. Entry Name

FLORIDA MORTGAGE LLC

DO NOT WRITE IN THIS SPACE

FILED

02 APR 29 PM 5:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business
2425 E. MAIL DR.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
FT. MYERS FL

City & State
SAME

Zip
33901 Country
LEE

Zip
SAME Country
SAME

4. FBI Number
65-1075601
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Whitney H. Hall

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

1904 SE 21ST TERRACE

City
CAPE CORAL FL Zip Code
33903

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] DATE 3-25-02

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

500005182235--6
-04/02/02--01028--006

9. MANAGING MEMBERS/MANAGERS

TITLE mgm
NAME Whitney Hall / Sr. member
STREET ADDRESS 1904 SE 21ST TER.
CITY-ST-ZIP CAPE CORAL FL 33903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FF \$50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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: [Signature] DATE 3-25-02
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)

OFFICE OF THE SECRETARY OF STATE

No 86854 A

Tallahassee, Fla., 4-29-02

RECEIVED FROM Florida Filing & Search Services Inc.

the sum of One Hundred Ten and 00/100 Dollars \$ 110.00

For the following:

Boaler Shipping International L.L.C. &
Advanced Bioresources L.L.C. (Limited Liability
Company - UBR



[Signature]
Secretary of State

THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.

Fiscal 5A