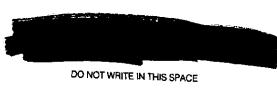
## 2002 UNIFORM BUSINESS REPORT (UBB)

## FILED May 30, 2002 8:00 am Secretary of State

05-06-2002 90132 004 \*\*\*\*50.00



DOCUMENT # L0100001839 1. Entity Name SCILLA MOTEL, LLC Principal Place of Business - 89923 Mailing Address 3833 GUILF BLVD. 3833 GULF BLVD. ST. PETE BEACH FL 33708 ST. PETE BEACH FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State ---City & State 4. FEI Number ∠ 9-354-6413 Applied For Zio Country Not Applicable Zip Country 5. Certificate of Status Desired \$5.00 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent? Name MANELLI, DENNIS E ESQ. 100 NORTH TAMPA ST., STE. 3600 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33602 City 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. TITLE MEM ADDITIONS/CHANGES ☐ Delete TIT: F BUETI, ANTONIO NAME Change · 🔲 Addition NAME STREET ADDRESS 3855 GULF BLVD. STREET ADDRESS CITY-ST-ZIP ST. PETE BEACH FL 33706 CITY-ST-ZIP TITLE MEM ☐ Delete nne NAME BUETI, FRANCESCA ☐ Change ☐ Addition NAME STREET ADDRESS 3855 GULF BLVD. STREET ADDRESS CITY-ST-ZIP ST. PETE BEACH FL 33706 CITY-ST-ZIP TITLE ☐ Delete NAME Change \_\_\_ Addition STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Detete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS NAME STREET ADORESS 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. CITY-ST-ZIP

TITLE

717-268-8542