## LIMITED LIABILITY COMPANY

SIGNATURE:

Apr 21, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000004581 04-07-2003 90763 018 \*\*\*\*50.00 1. Entity Name ANDVIEW DEVELOPMENT, LLC 22027721 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Mailing Address 120.Box 2519 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For Bralenion, Fla. 34203 City & State FLORIZA 65-1078630 Not Applicable ONECS. \$5.00 Additional 5. Certificate of Status Desired Fee Required 34203 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signatur Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. PRESIDENT TITLE WILLIAMS, John E. U123 STILLWATER CT. NAME STREET ADDRESS RAJENTON, FLA. 34201 CITY-ST-ZIP U. PRESIDENT TITLE NAME Ackson, Ronald E NAME 37 HOLLY TREE LU STREET ADORESS STREET ADDRESS CITY-ST-ZIP NAME NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE 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 regeiver if trustee simply ered to execute this report as required by Chapter 608, Florida Statutes. 941-374-9561

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone (