2003 LIMITED LIABILITY COMPANY

| UNIFORM BUSINESS REPORT (UBR) | | | | | | | | Secretary of State | | | | | |
|-----------------------------------------------------------------|-----------------|-----------------------|--------------|-----------------------------------------|--------------|-----------------------|----------------------------------------------------|------------------------------|----------------------|-----------|-----------|----------------------------|-----------------------------|
| Entity Nan | ne | # LO100 NAGEMENT C | | | 1 | | | | | | • | 1 Sta 4 ****55.0 | |
| Principal Place of Business | | | | Mailing Address | | | | | | | | | |
| 1318 ALFORD AVE. SUITE XO2 BIRMINGHAM AL 35226 | | | | P.O. BOX 660571 BIRMINGHAM, AL 35226 | | | | ! [] | | | | | |
| 2. Principal F | | | 3 | . Mailing Address | (SAME |) | | | | | | | |
| 2146 TYLER Rd. Suite, Apt. #, etc. 50: te 214 | | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & Stat | | | | City & State | | <u></u> | | 4. FEI Nur | nber 58-2 | 617801 | | | oplied For ot Applicable |
| Zip 35% | | Country • USA | | Zip | Coun | try | | 5. Certifica | ate of Status D | esired | | \$5.00 Ad Fee Require | |
| | 6Name | and Address of C | urrent Reg | istered Agent | | | | 7. Name a | nd Address o | New Reg | istered / | Agent | |
| PUBLIC BANGOETH | | | | | | Name | | | | | | | |
| RUNNELS, DAVAGE 3 III 36468 EMERALD COAST PKWY SUITE 2101 | | | | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| DESTIN FL 32541 | | | | | | 1 | | | | | | | |
| DEGINETE 02041 | | | | | | City | | | | | FL | Zip Cod | e |
| | tions of regist | ered egent. | ment for the | e purpose of changing | | | | ed agent, or l | both, in the Sta | | a. lam (| | and accept |
| FILE NOW!! Make Check Payable to Due By | | | | | | - • | artmen | t of State | | | | | |
| 9. | 1400 | MANAGING N | MEMBERS/ | | 10. | | | | ADD | ITIONS/CI | HANGES | | |
| TITLE NAME | MGR | ICHARD L | | . 🖸 Delete | TITLE NAM | | MAJA | iger aid L. B | 11350 | | | Change | ☐ Addition |
| STREET ADDRESS | | ORD AVE | | | | ET ADDRESS | 2141 | TWIFE | 12d, 50: | 10 714 | } | | |
| CITY-ST-ZIP | , | HAM-AL-35226 | | | | -ST-ZIP | 13.0 | with land | m AL. | 357 | 26 | | |
| TITLE NAME | Dir tivality of | THI FIL GOLLEG | | ☐ Delete | TITLE | | | Tree Loca | 411, 11-1 | <u> </u> | | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | | | | | STRE | ET ADDRESS -ST-ZIP | | | | | | | |
| TITLE | | | | Delete | TITLE | | | | : | | | ☐ Change | Addition |
| NAMÉ | | | | L_1 Delete | NAM | | | | | | | CT Analige | Addition |
| STREET ADDRESS | | | | | • | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | -ST-ZIP | | | | | | | |
| TITLE | | | | ☐ Delete | TITLE | : | | | | | | Change | ☐ Addition |
| NAME | ļ | | | | NAMI | | | | | | | | |
| STREET ADDRESS | | | | | STRE | et address { | | | | | | | |
| CITY-ST-ZIP | | | | | 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.

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEMENT OF SIGNING MANAGEME MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

Delete

<u>5-12-07</u>

☐ Change

Change

☐ Addition

☐ Addition

CR2E083 (10/02)