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Secretary of State

04-28-2003 91003 025 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006115

30062976

1. Entity Name
CARSON FAMILY, LLC

Principal Place of Business	Mailing Address
%FRANKLIN CARSON-TAMPA BAY MARINA CENTER 205 S HOOVER ST, STE 305 TAMPA, FL 33609	%FRANKLIN CARSON-TAMPA BAY MARINA CENTER 205 S HOOVER ST, STE 305 TAMPA, FL 33609
2. Principal Place of Business: Franklin Carson - Tampa Bay Marina Center	3. Mailing Address: Franklin Carson - Tampa Bay Marina Center
Suite, Apt. #, etc.: #402	Suite, Apt. #, etc.: #402
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33609 Country: USA	Zip: 33609 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3721457 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARSON, FRANKLIN TAMPA BAY MARINA CENTER 205 S HOOVER ST, STE 305 TAMPA, FL 33609	Name Street Address (P.O. Box Number Is Not Acceptable) City FL 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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARSON, FRANKLIN W 205 S. HOOVER ST., STE 402 TAMPA, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: Franklin W Carson 4/22/03 (813) 286-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #