1. Entity Name TUSCALOOSA Principal Place of BL DR. GEORGE M. A 13537 BAY LAKE TAMPA FL 33618 2. Principal Place of (3537) Suite, Apt. #. etc. City & State City & State City & State GIGLIA, 1106 N. TAMPA I 8. The above name the obligations of SIGNATURE	ADAMS LANE Business Ray LakeLu Country US H Name and Address of Current DAVID CPA FRANKLIN ST. FL 33602	Mailing Address DR. GEORGE M. ADA 13537 BAY LAKE LA TAMPA FL 33618 A (25 2.1 2 Suite, Apt. #, etc. City & State City & State	RE Country US tt Name Street Addres City	Feb 04, 2004 8:00 ar Secretary of State 02-04-2004 90231 022 ****50.00 24006478 MOORE CR2E083 (11/03) 4. FEI Number 5. Certificate of Status Desired S5.00 Addition Fee Required 7. Name and Address of New Registered Agent Ses (P.O. Box Number is Not Acceptable) FL Zip Code Stered agent, or both, in the State of Florida. 1 am familiar with, and	d For pplicable
Principal Place of BL DR. GEORGE M. A 13537 BAY LAKE TAMPA FL 33618 2. Principal Place of (3537) Suite, Apt. #. etc. City & State (2000) 272.6 (8) GIGLIA, 1106 N. TAMPA I 8. The above name the obligations of SIGNATURE	ADAMS LANE Business Kang LakeLu Country US H Name and Address of Current DAVID CPA FRANKLIN ST. FL 33602 d entity symmits this statement for	DR. GEORGE M. ADA 13537 BAY LAKE LA TAMPA FL 33618 3. Maijing Address A (25 7. C Suite, Apt. #, etc. City & State City & State City & State City & State City & State City & State	RE Country US tt Name Street Addres City	MOORE CR2E083 (11/03) 4. FEI Number 52-2721884 5. Certificate of Status Desired 7. Name and Address of New Registered Agent ss (P.O. Box Number is Not Acceptable) FL Zip Code	plicable
DR. GEORGE M. A 13537 BAY LAKE TAMPA FL 33618 2. Principal Place of (3537 Suite, Apt. #. etc. City & State City & State City & State GIGLIA, 1 1106 N. TAMPA I 8. The above named the obligations of SIGNATURE	DAMS LANE Business Ray LakeLu Country UE H Name and Address of Current DAVID CPA FRANKLIN ST. FL 33602 d entity symmits this statement for	DR. GEORGE M. ADA 13537 BAY LAKE LA TAMPA FL 33618 3. Maijing Address A (25 7. C Suite, Apt. #, etc. City & State City & State City & State City & State City & State City & State	RE Country US tt Name Street Addres City	MOORE CR2E083 (11/03) 4. FEI Number 52-2721884 5. Certificate of Status Desired 7. Name and Address of New Registered Agent ss (P.O. Box Number is Not Acceptable) FL Zip Code	plicable
13537 BAY LAKE TAMPA FL 33618 2. Principal Place of (3537) Suite, Apt. #. etc. City & State (2000) 272.6 (9) 6. GIGLIA, 1106 N. TAMPA I 8. The above name the obligations of SIGNATURE	LANE Business Kay LakeLu Country US H Name and Address of Current DAVID CPA FRANKLIN ST. FL 33602 d entity symmits this statement for	13537 BAY LAKE LA TAMPA FL 33618 3. Mailing Address 2. Suite, Apt. #, etc. City & State 2. City & State 3. City & State	RE Country US tt Name Street Addres City	MOORE CR2E083 (11/03) 4. FEI Number 52-2721884 5. Certificate of Status Desired 7. Name and Address of New Registered Agent ss (P.O. Box Number is Not Acceptable) FL Zip Code	plicable
USGNATURE	Ray LakeLu Country US H Name and Address of Current DAVID CPA FRANKLIN ST. FL 33602 d entity submits this statement for	A [E S Z 1 4 Suite, Apt. #, etc. City & State 1 Cumpo Zip Z 3 C L 9 t Registered Agent	P-L Country US H Name Street Addres City	4. FEI Number Applied 5. Certificate of Status Desired \$5.00 Addition 7. Name and Address of New Registered Agent sss (P.O. Box Number is Not Acceptable) FL	plicable
City & State Zip 2 Z C (9 6. GIGLIA, 1106 N. TAMPA 1 8. The above name the obligations of SIGNATURE Signatur	Country USZ 4 Name and Address of Current DAVID CPA FRANKLIN ST. FL 33602 d entity supmits this statement for	City & State 1 Cumpo Zip 2 3 G L 9 t Registered Agent	Name City	4. FEI Number Applied 5. Certificate of Status Desired \$5.00 Addition 7. Name and Address of New Registered Agent sss (P.O. Box Number is Not Acceptable) FL	plicable
Tamp Zip 22.4 (g 6. GIGLIA, 1106 N. 1106 N. TAMPA I 8. The above name the obligations of SIGNATURE	Country USZ 4 Name and Address of Current DAVID CPA FRANKLIN ST. FL 33602 d entity supmits this statement for	Zip Zip Z 3 G L 9 t Registered Agent	Name City	52-2721884 Not Ap 5. Certificate of Status Desired \$5.00 Addition Fee Required 7. Name and Address of New Registered Agent ss (P.O. Box Number is Not Acceptable) FL	plicable
GIGLIA, 1106 N. TAMPA I 8. The above name the obligations of SIGNATURE	Name and Address of Current DAVID CPA FRANKLIN ST. FL 33602		Name Street Addres City	7. Name and Address of New Registered Agent ss (P.O. Box Number is Not Acceptable) FL Zip Code	
GIGLIA, 1106 N. TAMPA I 8. The above name the obligations of SIGNATURE	DAVID CPA FRANKLIN ST. FL 33602		Street Addres	ss (P.O. Box Number is Not Acceptable) FL Zip Code	
1106 N. TAMPA	FRANKLIN ST. FL 33602	or the purpose of changing it	City	FL Zip Code	
8. The above name the obligations of SIGNATURE Signature	d entity submits this statement fi	or the purpose of changing it			
the obligations of SIGNATURE Signatu		or the purpose of changing it			
the obligations of SIGNATURE Signatu		11 1	3	· · · · · · · · · · · · · · · · · · ·	accept
<u>.</u>	re, typed or printed name of registered agen	Juglia,	TE: Registered Agent signature requ	1/28/09	
<u> </u>		Make Check Paya	OW!!! FEE IS \$50.0 ble to Florida Departr je By May 1, 2004		-
9 .	MANAGING MEMB	ERS/MANAGERS	10	ADDITIONS/CHANGES	
STREET ADDRESS	MS, DR. GEORGE M 17 BAY LAKE LANE	Delete	TITLE NAME STREET ADDRESS	Change 🗌	Addition
TITLE	PA FL 33618	Delete	CITY-ST-ZIP TITLE	Change 🗋	Additio
NAME STREET ADDRESS CITY- ST- ZIP			- NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		Delete	TITLE	Change] Additio
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 🗌	Addition
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	Change 🗌] Additio
CITY-ST-ZIP		Delete	CITY-ST-ZIP TITLE	Change	T ANNUE-
NAME STREET ADDRESS CITY- ST- ZIP		Udelete	NAME STREET ADDRESS CITY - ST - ZIP	Lj unange L] Additio
 I hereby certify indicated on this 	that the information supplied wit s report is true and accurate and company or the receiver or truste	d that my signature shall have	or the exemption stated in the same legal effect as	Section 119.07(3)(i), Florida Statutes. I further certify that the inform if made under oath; that I am a managing member or manager of napter 608, Florida Statutes.	nation the