

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90407 048 ****50.00

DOCUMENT # L01000007163

1. Entity Name

MCHANNELSIDE, L.L.C.



Principal Place of Business

Mailing Address

**41 WEST CHURCH STREET
SUITE 200
ORLANDO FL 32801
US**

**41 WEST CHURCH STREET
SUITE 200
ORLANDO FL 32801
US**

2. Principal Place of Business

100 EAST PINE STREET

3. Mailing Address

100 EAST PINE STREET

Suite, Apt. #, etc.
SUITE 608

Suite, Apt. #, etc.
SUITE 608

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32801

Country
USA

Zip
32801

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0558858**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REVELLE, JAMES G III
41 WEST CHURCH STREET
SUITE 200
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

100 EAST PINE STREET

SUITE 608

City **ORLANDO**

FL

Zip Code
32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GIBSON, MARK I
41 WEST CHURCH STREET
ORLANDO FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100 EAST PINE STREET, SUITE 608
ORLANDO, FL 32801** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
MARK I. GIBSON

3/31/03

407-425-6826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)