


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90047 005 ****50.00

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| DOCUMENT # L01000009348 1. Entity Name CLUB L.P. INVESTMENT CLUB, L.L.C. |  |
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| Principal Place of Business 404 JENKS AVE. PANAMA CITY FL 32401 | Mailing Address 404 JENKS AVE. PANAMA CITY FL 32401 |
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| 2. Principal Place of Business 433 SOUTH PALO ALTO Suite, Apt. #, etc. | 3. Mailing Address 433 SOUTH PALO ALTO Suite, Apt. #, etc. |
| City & State PANAMA CITY, FL | City & State PANAMA CITY, FL |
| Zip 32401 | Zip 32401 |
| Country BAY | Country BAY |



☐ CHECK HERE IF MAKING CHANGES

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| 6. Name and Address of Current Registered Agent GIOIELLO, JOHN L 404 JENKS AVE. PANAMA CITY FL 32401 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 | |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
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| TITLE MGR NAME MCDONOUGH, MATTHEW L STREET ADDRESS 521 E. 4TH ST. CITY-ST-ZIP PANAMA CITY FL 32401 | <input checked="" type="checkbox"/> Delete | TITLE MGR NAME R. CRAIG TAYLOR STREET ADDRESS 626 LUVERNE AVE. CITY-ST-ZIP PANAMA CITY, FL 32401 | <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

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| SIGNATURE: <i>SIGNATURE REQUIRED</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | 8/7/03 Date 850-769-2371 Daytime Phone # |
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CR2E083 (4/03)