## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

UN	NIFORM BUSIN	ESS REPOR	r (UBR)	_	:	
DOCU 1. Entity Nam	MENT # L010000	009360		FILED		
ANSWER, L.L.C.						
Principal Plac	e of Business	Mailing Address	OWE	-		
201 S EISCAYNE BLVD SUITE 1500 (MDH) (BB) MIAMI FL 33131		201 S BISCAYNE BLVD SUITE 1500 <del>(MDH)</del> (BE MIAMI FL 33131	3)	SECRETARY OF ISTAME TALLAHASSEE, FLORID	A .	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-1113581	Applied For Not Applicable	
Zip	Country	Zip	Country		5.00 Additional ee Required	
	6. Name and Address of Curren	t Registered Agent	·	7. Name and Address of New Registered Ag	jent	
		•	Name	Name		
201	PORATION COMPANY OF MIAM S BISCAYNE BLVD		Street Address	(P.O. Box Number is Not Acceptable)		
	TE 1500-88 (1500-88)					
MIM	WI FL 33131		City	FL	Zip Code	
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am fa	miliar with, and accept	
SIGNATURE .						
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating) DATE		
		Make Check Payab	DW!!! FEE IS \$50.00 le to Florida Departme e By May 1, 2003			
9.	MANAGING MEME	1 BERS/MANAGERS	10.	ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	FIRST NATIONAL HOUSE, COLLEGE ROAD		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	TIANROW, WILDDELOLA OR TRA	☐ Delete	TITLE NAME	-	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street address City-St-Zip	20001669801 04/23/0301012012 **	.2 *50.00	
TITLE		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS City-St-Zip			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 ☐ Addition	
11. I hereby of indicated	certify that the information supplied wi	ith this filing does not qualify fo	r the exemption stated in State as if	Section 119.07(3)(i), Florida Statutes. I further certimade under oath; that I am a managing member	fy that the information or manager of the	

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FOR CRENTCHARGE (UK) LIMITED

SIGNATURE:

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

Date

Description of the limited liability company or the receiver of trustee and properties and the receiver of trustee and trustee and trustee and trustee and trustee and trustee and that my signature and that my s