2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

Mailing Address

ORLANDO FL 32804

3. Mailing Address

Suite, Apt. #, etc

City & State

1401 WEST HARVARD ST.

DOCUMENT # L01000010367

1. Entity Name

Principal Place of Business

2. Principal Place of Business

1401 WEST HARVARD ST.

Suite, Apt. #, etc.

City & State

ORLANDO FL 32804

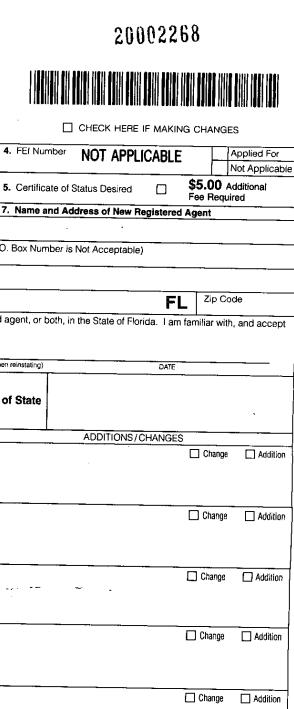
GILLMAN INVESTMENTS, LLC



Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90001 033 ****50.00

FILED



Zip Country Country 6. Name and Address of Current Registered Agent GILLMAN, T. PATRICK 1401 WEST HARVARD ST. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 City 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 SIGNATURE 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. TITLE MGR ☐ Delete TITLE NAME GILLMAN, T. PATRICK NAME STREET ADDRESS 1401 W HARVARD ST. STREET ADDRESS CITY-ST-ZIP CR2E083 ORLANDO FL 32804 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINCES NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 16/03 (407)422-0308