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

## DOCUMENT # L01000011108

1. Entity Name

SIGNATURE:

## CHEVIN INVESTMENTS, LLC



FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90570 016 \*\*\*\*50.00

Date

Daytime Phone #

| Maining Address  Maining Address  447 W. KRENETY RUO. STE 375  TAMPA R. 38093  2. Principal Place of Business  Suite, Apil V. etc.  Suite, Apil V. etc.  Suite, Apil V. etc.  Suite, Apil V. etc.  City & State  Cay   |   |                            |                                       |                                 |  |              | SO WE THE             | 1  |                              |                        |                                 |                          |  |
|---|---|----------------------------|---------------------------------------|---------------------------------|--|--------------|-----------------------|--|------------------------------|------------------------|---------------------------------|--------------------------|--|
| Suite, Apt. #. etc.   Chy & State   City & State   City & State   City & State   A. FET Number Sp-3731485   Applied For National Special City & State   A. FET Number Sp-3731485   Applied For National Special City & State   A. FET Number Sp-3731485   Applied For National Special City & State   A. FET Number Sp-3731485   Applied For National Special City & State   Address of Current Registered Agent   Applied Special City & State   Address of Current Registered Agent   Applied Special City & State   Address of New Registered Agent   Applied Special City & State   Address of New Registered Agent   Applied Special City & State   Address of New Registered Agent   Applied Special City & State   Address of New Registered Agent   Applied Special City & State   Address of New Registered Agent   Applied Special City & State   Address of New Registered Agent   Applied Special City & State   Address of New Registered Agent   Applied Special City & State   Address of New Registered Agent   Applied Special City & State   Address of New Registered Agent   Applied Special City & State   Address of New Registered Agent   Applied Special City & State   Address of New Registered Agent   Applied Special City & State   Address of New Registered Agent   Address of N  | 4427 W. KENNEDY BLVD., STE. 375                 |                            |                                       | 4427 W. KENNEDY BLVD., STE. 375 |  |              |                       |  |                              |                        |                                 |                          |  |
| City & State  Country  | 2. Principal Place of Business                  |                            |                                       | 3. Mailing Address              |  |              |                       | _  |                              |                        |                                 |                          |  |
| City & State    City & State   City & State   City & State   City   Country   Zo   Country   S. Certificate of Status Desired   Stock Desired   Status Desired   Status Desired   Status Desired   State   Sta  | Suite, Apt. #, etc.                             |                            |                                       | Suite, Apt. #, etc.             |  |              |                       | -  | CHECK HERE IS MAKING CHANGES |                        |                                 |                          |  |
| Table   |   |                            |                                       |                                 |  |              |                       |  |                              |                        |                                 |                          |  |
| S. Certificate of Saluss Desired   Fee Required   F  | <u> </u>  |                            |                                       | City & State                    |  |              |                       | 4. FEI Nun   | J3 313 1703                  |                        |                                 | Not Applicable           |  |
| HOLCOMB, VICTOR W ESQ 106 SOUTH TAMPANIA AVE., STE. 200  TAMPA FL 33606  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Cod    | Zip   | Co                         | Zip                                   | Zip Cou                         |  |              | 5. Certifica          |  |                              |                        |                                 |                          |  |
| HOLCOMR, NCTOR W ESO 166 SQUITH TAMPANIA AVE., STE. 200 TAMPA FL, 33606  City FL  Ci  | 6. Name and Address of Current Registered Agent |                            |                                       |                                 |  |              | Nema                  | 7. Name a  | nd Address of New Re         | gistered               | Agent                           |                          |  |
| SIGH TAMPARIA AVE., STE. 200 TAMPA FL 38066  City  City  FL  City  City  City  City  City  FL  City  C  | HOLCOMB. VICTOR W ESQ                           |                            |                                       |                                 |  |              | Name                  |  |                              |                        |                                 |                          |  |
| 8. The above ramed entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florids. I am tamiliar with, and accorpt the obligations of registered agent.  SIGNATURE    The proper in the purpose of changing its registered defice or registered agent, or both, in the State of Florids. I am tamiliar with, and accorpt the obligations of registered agent.    SIGNATURE   The purpose of changing its registered defice or registered agent, or both, in the State of Florids. I am tamiliar with, and accorpt the obligations of registered agent.    SIGNATURE   The purpose of changing its registered agent, or both, in the State of Florids. I am tamiliar with, and accorpt the obligations of registered agent.   SIGNATURE   The purpose of Change agent agen  | 106 SOUTH TAMPANIA AVE., STE. 200               |                            |                                       | 0                               | 1  |              |                       | Street Address (P.O. Box Number is Not Acceptable) |                              |                        |                                 |                          |  |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   | ,, <u></u>                                      |                            |                                       |                                 |  |              |                       |  |                              |                        |                                 |                          |  |
| the obligations of registered agent.  SIGNATURE    Signature, typed or printed reprinted reprinted separa and it registerates. (NOTE Registered Agent signature required when reminating)   DATE  |   |                            |                                       |                                 |  |              |                       |  |                              |                        | <u>- i '</u>                    |                          |  |
| Stynature, hypoti or printed name of registered agent and libre it applicable   |   |                            |                                       |                                 |  |              |                       |  |                              |                        |                                 |                          |  |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE N | SIGNATURE                                       |                            |                                       |                                 |  |              |                       |  |                              |                        |                                 |                          |  |
| 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES   Addition   TITLE   MANE   Delete   Delete   MANAGERS   MA  | <del></del> -                                   | Signature, typed or printe | ad name of registered agent a         | ind title if applicable         | (NOTE                                    | : Registered | Agent signature requi | red when reinstating)                              |                              | DATE                   |                                 |                          |  |
| 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TILE MGRP BURNS, KEVIN 4508 BROOKWOOD DR TAMPA FL  TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET AD  |   |                            |                                       |                                 |  |              |                       |  |                              |                        |                                 |                          |  |
| 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES   Addition   MANE   Addition   MANE   ASOB BROOKWOOD DR   STREET ADDRESS   CITY-ST-ZIP   TITLE   ADDRESS   CITY-ST-ZIP   Addition   MANE   ADDRESS   CITY-ST-ZIP   ADDRESS   CITY-ST-  |   |                            |                                       | Make Ch                         |  |              | =                     | ent of State                                       |                              |                        |                                 |                          |  |
| TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-S  | <del></del>                                     |                            |                                       | 201111110550                    |  |              |                       |  | 1001710110110                | 0.144.00               |                                 |                          |  |
| NAME STREET ADDRESS (CITY-ST-ZIP)  TITLE NAME STREET ADDRESS (CITY-ST-ZIP)  TI  | <del></del>                                     |                            | MANAGING MEMBE                        |                                 |  | _            |                       |  | ADDITIONS/0                  | CHANGES                |                                 | Addition                 |  |
| STREET ADDRESS CITY-ST-ZPP TAMPA FL  TITLE  |   |                            | v                                     | L.,                             | 1 Delete                                 |              |                       |  |                              |                        | □ Change                        | ☐ Addition               |  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD  |   |                            |                                       |                                 |  |              | •                     |  |                              |                        |                                 |                          |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD  | CITY-ST-ZIP                                     |                            | <u></u>                               |                                 |  | CITY-        | ST-ZIP                |  |                              |                        |                                 |                          |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   NAME   NAME  | TITLE   |                            | · <u>·</u>                            | Ľ.                              | Delete                                   | TITLE        |                       |  |                              |                        | Change                          | ☐ Addition               |  |
| CITY-ST-ZIP  TITLE    Delete   ITTLE   NAME   NAME   SIREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   ITTLE   NAME   NAME  | l   |                            |                                       |                                 |  |              |                       |  |                              |                        |                                 | į                        |  |
| TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-Z  |   |                            |                                       |                                 |  |              |                       |  |                              |                        |                                 |                          |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES  |   | <del></del> -              | · <del></del>                         |                                 | T. T |              | 31-21                 |  |                              |                        |                                 |                          |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDR  |   |                            |                                       | L_                              | 1 Delete                                 | - 1          |                       |  |                              |                        | Change                          | ☐ Addition (             |  |
| CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM  | •   |                            |                                       |                                 |  |              |                       |  |                              |                        |                                 |                          |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 path; that I am a managing member or manager of the  | CITY-ST-ZIP                                     |                            |                                       |                                 |  |              |                       |  |                              |                        |                                 | -                        |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREE  | TITLE   |                            |                                       |                                 | Delete                                   | TITLE        |                       |  |                              |                        | ☐ Change                        | Addition                 |  |
| CITY-ST-ZIP  TITLE    Delete   TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP    TITLE   Delete   TITLE   NAME   CHANGE   Addition   NAME   CHANGE   NAME   CITY-ST-ZIP    TITLE   Delete   TITLE   Change   Addition   NAME   CHANGE   NAME     | NAME  |                            |                                       |                                 |  | NAME         |                       |  |                              |                        |                                 |                          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | j   |                            |                                       |                                 |  |              | j.                    |  |                              |                        |                                 |                          |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES  |   |                            |                                       | <del></del>                     |  |              | ST-ZIP                |  |                              |                        |                                 |                          |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Thereby 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 path; that I am a managing member or manager of the  |   |                            |                                       | L_                              | Delete                                   |              |                       |  |                              |                        | L) Change                       | ∐ Addition               |  |
| CITY-ST-ZIP  CITY-  | •   |                            |                                       |                                 |  |              |                       |  |                              |                        |                                 |                          |  |
| NAME 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 path; that I am a managing member or manager of the  | 1   |                            |                                       |                                 |  |              | i                     |  |                              |                        |                                 | }                        |  |
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| CITY-ST-ZIP  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 path; that I am a managing member or manager of the   |   |                            |                                       | _                               |  |              |                       |  |                              |                        |                                 |                          |  |
| 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 path; that I am a managing member 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 path; that I am a managing member or manager of the   |   |                            |                                       |                                 |  |              |                       |  |                              |                        |                                 |                          |  |
|   | indicated (                                     | on this report is tru      | ie and accurate and t                 | that my signature               | shall have the                           | he same      | legal effect as if    | made under oa                                      | th: that I am a managir      | further cei<br>ng memb | rtify that the i<br>er or manag | information<br>er of the |  |

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