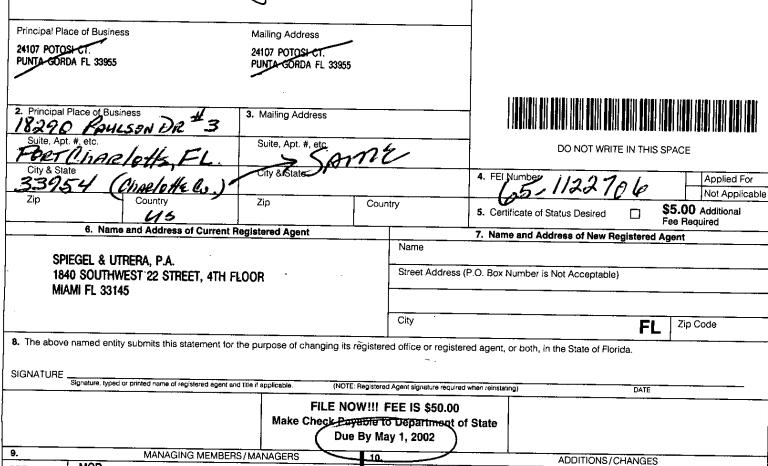
## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000011814 1. Entity Name TOTAL COMFORT, L.L.C.

FILED Apr 22, 2002 8:00 am Secretary of State

04-22-2002 90164 041 \*\*\*\*50.00



|                                       |  | ( Due    | By May 1, 200                                  | )2 }            |                         |                 |            |
|---------------------------------------|--|----------|--|-----------------|-------------------------|-----------------|------------|
| 9. MANAGING MEMBERS/MANAGERS          |  |          |  |                 | ADDITIONS/CHA           | NGES            |            |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | MGR<br>KNISLEY, THOMAS C<br><del>24107 POTOSI CT</del><br><del>PUNTA GORDA FL 339</del> 35     | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | 18290<br>Part 1 | PANLSON DR.             | Change          | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>CHEESEMAN, TIMOTHY R<br><del>24107 POTOSI CT.—</del><br><del>PUNTA GORDA FL 33955</del> | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | 7000            | Spr                     | <b></b> €ffange | Addition   |
| NAME STREET ADDRESS CITY-ST-ZIP       | MOL<br>BONALL, CARL E  | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 24107<br>Prosto | POTOST CE.<br>COLDA FL. | ☐ Change        | Addition   |
| NAME STREET ADDRESS CITY-ST-ZIP       |  | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                 |                         | ☐ Change        | Addition   |
| NAME STREET ADDRESS CITY-ST-ZIP       |  | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                 |                         | ☐ Change        | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                 |                         | ☐ Change        | ☐ Addition |

11. 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 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 AND TYPED OF PRINTED NAM GER, OR AUTHORIZED REPRESENTATIVE 1-16-02 941-623-0383