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FILED Sep 17, 2002 8:00 am Secretary of State

09-05-2002 90041 005 ****50.00

LIMITED LIABILITY COMPANY

DOCUMENT # LO/0000/2 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business ... 3. Mailing Address Paric Meadows DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe Not Applicable \$5.00. Additional Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agem, or both, in the State of Florida FEE IS \$50.00 Make Check Payable to Department of State. **DUE BY MAY 1** MANAGING MEMBERS/MANAGERSc 12/01 TITLE TITLE -MGRM NAME NAME STREET ADDRESS STREET ADDRESS CR2E083B CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP MİF IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE MANE. NAME ٠. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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)(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.

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