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2003 LIMITED LIABILITY COMPANY

Mar 10, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L01000012227 03-10-2003 90025 009 ****50.00 INLU. LLC Principal Place of Business Mailing Address 3250 PARK CENTRAL BLVD. NORTH 3250 PARK CENTRAL BLVD. NORTH POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address 3005 merce Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 01-0637918 ORLANDO Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired ORANGR Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Homas BRUCE, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 3250 PARK CENTRAL BLVD. POMPANO BEACH FL 33064 Mercy Brive 8. The above named entity supmits 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 the obligations of registered agent. 3-6-03 Signature typed or printed name of registered t 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE ☐ Change Addition NAME STEAD, THOMAS NAME STREET ADDRESS STREET ADDRESS 3005 MERCY DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 TITLE MGRM ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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