2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90585 035 ****50.00

DOCUMENT # L01000013022

1. Entity Name
ARLINGTON-CLERMONT INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
906 JAN MAR CT SUITE E CLERMONT, FL 34711	906 JAN MAR CT SUITE E CLERMONT, FL 34711

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
548 US Highway 27	548 US Highway 27
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.: Suite C
City & State: Clermont, FL	City & State: Clermont, FL
Zip: 34711 Country: US	Zip: 34711 Country: US

4. FEI Number 59-3731678 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HESSBURG, DANIEL 906 JAN MAR CT SUITE E CLERMONT, FL 34711	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 the obligations of registered agent.

SIGNATURE ______ DATE
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. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HESSBURG, DANIEL		NAME	
STREET ADDRESS	906 JAN MAR CT #E		STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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 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: Daniel Hessburg, Mgr 4/28/03 (352) 394-1894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)