

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90383 002 \*\*\*\*50.00

**DOCUMENT # L01000013248**

1. Entity Name

ALINEAN, L.L.C.

Principal Place of Business

1627 MIZELL AVENUE  
WINTER PARK FL 32789

Mailing Address

1627 MIZELL AVENUE  
WINTER PARK FL 32789

2. Principal Place of Business

12565 RESEARCH PKWY

3. Mailing Address

12565 RESEARCH PKWY

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City &amp; State

ORLANDO FL

City &amp; State

ORLANDO, FL

Zip

32826

Country

Zip

32826

Country

4. FEI Number

59-3733461

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ARSENAULT, STEVE  
1627 MIZELL AVENUE  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

FRIEDLANDER, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

12565 RESEARCH PKWY

SUITE 300

City

ORLANDO

FL

Zip Code

32826

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ARSENAULT, STEVE	
STREET ADDRESS	1627 MIZELL AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 REQUIRED

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

Date

Daytime Phone #

4.22.02 407.882.  
2426

CR2E083 (9/01)