## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Secretary of State DOCUMENT # L01000013753 03-18-2002 90032 015 \*\*\*\*50.00 1. Entity Name **BOULDER VENTURE SOUTH, LLC** Principal Place of Business Mailing Address 4340 HALLSBOROUGH AVENUE, SUITE 212 4340 HILLSBOROUGH AVENUE, SUITE 212 TAMPA FL 33614 TAMPA FL 33614 22432 3. Mailing Address 2. Principal Place of Business Suite Apt # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-37447/2 City & State City & State Applied For Not Applicable Ζiρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired п Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUDOBA, STEPHEN M Street Address (P.O. Box Number Is Not Acceptable) 101 EAST KENNEDY BOULEVARD, SUITE 3700 TAMPA FL 33602 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. (9/01) M Addition TITLE Managing Member Robert E. Schmidt Ir Change ☐ Defete TITLE NAME NAME 4240 w. Hillsborough Ave., Suite \$212 CR2E083 STREET ADDRESS STREET ADDRESS Tampa, FL 33614 CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE Member ☐ Change Addition TITLE Kelly C. Schmidt 4340 w. Hillsborough Ave. # 212 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-718 Tampa FL 33614 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETT F ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY.ST.7IP Delete TITLE ☐ Addition TITLE ! NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP # 11. I hereby certify that the information supplied with this filing does not qualify for the exemption etated 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBEY, MANAGEM, OR AUTHORIZED REPRESENTATIVE

FILED Apr 09, 2002 8:00 am