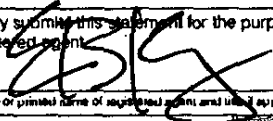


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90577 029 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000014774					
1. Entity Name 10 SHOP LLC					
Principal Place of Business 6200 CENTRAL AVE. ST. PETERSBURG, FL 33707			Mailing Address 6200 CENTRAL AVE. ST. PETERSBURG, FL 33707		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3741359				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DETELLIS, WILLIAM J 6200 CENTRAL AVE. ST. PETERSBURG, FL 33707			7. Name and Address of New Registered Agent Name Edwin B. Kagan Street Address (P.O. Box Number is Not Acceptable) 2709 Rocky Point Drive Suite 102 City Tampa FL Zip Code 33607		
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 			Edwin B. Kagan		04/23/03
Signature, typed or printed name of registered agent and limited applicable.			(NOTE: Registered Agent's signature required when registering)		DATE
FILE NOW!!! FEB. IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DETELLIS, WILLIAM J 6200 CENTRAL AVENUE SAINT PETERSBURG, FL 33707 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Herman Jacobs 6200 Central Avenue St. Petersburg, FL 33707 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 606, Florida Statutes.					
SIGNATURE: 			HERMAN JACOBS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/18/03 (727) 898-4105		

CR2E083 (10/02)