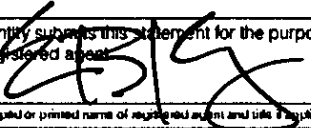
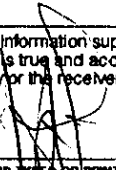


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90577 032 ****50.00

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

DOCUMENT # L01000014777					
1. Entity Name 10 SHALF 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		4. FEI Number 59-3741358	
Zip	Country	Zip	Country	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 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 date (Applicable)				(NOTE: Registered Agent signature required when reinstating) DATE	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR 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 608, Florida Statutes.					
SIGNATURE:  HERMAN JACOBS 7/18 03 (727)898-4105					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

CR2E083 (10/02)