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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LO1000014830  
Entity Name LINWAY 27, L.L.C.  
SECRETARY OF STATE DIVISION OF CORPORATIONS  
04 MAY 10 PM 3:52  
L205/18/04

Principal Place of Business 3221 DIAMOND KNOT CIRCLE TAMPA FL 33607  
Mailing Address 3221 DIAMOND KNOT CIRCLE TAMPA FL 33607  
**REINSTATEMENT** 2003-2004



2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address SEE PG 2 ATTACHED

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3744079 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
AKILESH REDDY VARAKANTHAM  
3221 DIAMOND KNOT CIRCLE  
TAMPA FL 33607

7. Name and Address of New Registered Agent  
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 *Akilesh* 02/07/03  
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 Florida Department of State  
Due By: May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	AKILESH REDDY VARAKANTHAM	
STREET ADDRESS	3221 DIAMOND KNOT CIRCLE	
CITY-ST-ZIP	TAMPA FL 33607	
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	700036957837	
STREET ADDRESS	05/20/04--01032--004	
CITY-ST-ZIP	**100.00	
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	REINSTATEMENT	
STREET ADDRESS	2003-2004	
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: *Akilesh* 02/07/03 813-251-8296  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone

CH2E083 (10-02)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 10 PM 2:52

RUNWAY 27, LLC  
1415 N ARMENIA AVE # B  
TAMPA, FL 33607

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P O BOX 1500  
TALLAHASSEE, FL 32302-1500

DOC # L01000014880  
AR (UBR) FOR 2004

We found out that our LLC was administratively dissolved in 2003. We enclose the copies of UBR for the year 2003 and a copy check of \$50.00 which was mailed to you in 2003. We believe those were lost in mail.

We changed our mailing address to the above new address. Any correspondence mailed by you was also lost in transit as we moved out of the old address.

We enclose a check for \$100.00 for the two years for 2003 and 2004.

We request you to excuse us this time and not to charge any penalty as we missed every thing inadvertently.

Thank you, we appreciate your cooperation.

Akilesh Reddy Varakantham  
Manager Member  
April 30, 2004