2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002
Secretary of State

DOCUMENT# L01000014887

Entity Name: MONTH END RECOVERY II, LLC

Current Principal Place of Business:

C/O DAVID M. BOGGS, ESQ.
400 N. TAMPA STREET, SUITE 2300
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

C/O DAVID M. BOGGS, ESQ.
400 N. TAMPA STREET, SUITE 2300
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3751987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOGGS, DAVID M
400 N. TAMPA STREET, SUITE 2300
TAMPA, FL 33602

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: KIMBERLY, KAYTON B
Address: 402 W CHIPPEWA AVE
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KAYTON B KIMBERLY MGR 09/10/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date