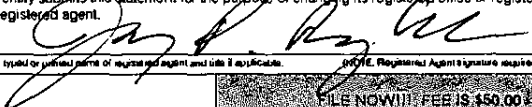


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90187 005 ****50.00

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

DOCUMENT # L01000017336			
1. Entity Name PRIVATE CLIENT INVESTMENT, LLC			
Principal Place of Business 8080 - 24TH STREET VERO BEACH, FL 32966		Mailing Address 8080 - 24TH STREET VERO BEACH, FL 32966	
2. Principal Place of Business 6717 Egret West Lane Suite, Apt. #, etc.		3. Mailing Address 6717 Egret West Lane Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33413		Zip 33413	
Country Palm Beach		Country Palm Beach	
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent REYNOLDS, J. PATRICK ESQ. 8080 - 24TH STREET VERO BEACH, FL 32966		7. Name and Address of New Registered Agent Name Reynolds, Jay Patrick Street Address (P.O. Box Number is Not Acceptable) 6717 Egret West Lane City West Palm Beach, FL Zip Code 33413	
8. The above named entity supports 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  DATE 2/21/03 Signature, typed or printed name of registered agent and date it applies. (If Registered Agent's signature required when appointing)			
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 REYNOLDS, JA PATRICK 8080 24TH ST VERO BEACH, FL 32966		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR Reynolds, Jay Patrick 6717 Egret West Lane West Palm Beach, FL 33413	
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ 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: 		DATE: 2/21/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

CR2E083 (10/02)