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

## DOCUMENT # L01000017343

DIEGO ISLAND, LLC

| • | SOO WE THIS |
|---|-------------|

May 07, 2003 8:00 am Secretary of State

|   |  |   | 1                       | GOO WE THE   | ŀ   |                             |              |                          |              |
|---|--|---|-------------------------|--|---|-----------------------------|--------------|--------------------------|--------------|
| Principal Place   | e of Business  | Mailing Address   |                         | -  |   |                             |              |                          |              |
| 4315 PABLO OA<br>SUITE 1<br>JACKSONVILLE  |  | 4315 PABLO OAKS COURT<br>SUITE 1<br>JACKSONVILLE FL 32224 |                         |  |   | _                           |              |                          |              |
| BAONOONNEEL   | T. VZZEY   | MONOOHINEE I C OFFEA                                      |                         |  |   |                             |              | )                        | 04           |
| 2. Principal P  | Place of Business 3. Mailing Address                             |   |                         |  |   |                             |              |                          |              |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                       |                         | ☐ CHECK HERE IF MAKING CHANGES                     |   |                             |              |                          |              |
| City & State  |  | City & State  |                         | 4. FEI Num   | 02-0544392  |                             | <b></b>      | pplied For ot Applicable |              |
| Zip   | Country  | Zip Country   |                         |  | 5. Certificate of Status Desired   \$5.00 Additional Fee Required |                             |              |                          |              |
| 6. Name and Address of Current Registered Agent                                 |  |   |                         | 7. Name and Address of New Registered Agent        |   |                             |              |                          |              |
| OTOUTO AUTOTTO D. ID  |  |   |                         | Name   |   |                             |              |                          |              |
| STOKES, CHESTER E JR<br>§315 PABLO OAKS COURT SUITE 1<br>JACKSONVILLE, FL 32224 |  |   |                         | Street Address (P.O. Box Number is Not Acceptable) |   |                             |              |                          |              |
| UACI  | OOMILEE, I E OEEET   |   | ļ                       |  |   |                             |              |                          |              |
|   |  |   |                         | City   |   |                             | FL           | Zip Cod                  | le           |
|   | named entity submits this statement for ons of registered agent. | the purpose of changing its                               | registered              | office or registere                                | ed agent, or b  | ooth, in the State of Flori | da. I am fa  | miliar with,             | and accept   |
| SIGNATURE _   | Signature, typed or printed name of registered agent an          | d title if applicable (NOTE                               | Er Bouistored A         | gent signature required                            | urben minetotion)   |                             | DATE         |                          |              |
|   | Signature, typed or printed frame or registered agent an         | <del></del>   |                         | <del></del>  | witeri lest statuig)  |                             | - UAIE       |                          |              |
|   |  | ſ   |                         | E IS \$50.00                                       |   |                             |              |                          | }            |
|   |  | Make Check Payabl   | le to Flori<br>e By May | •  | nt of State   | -                           |              |                          |              |
| 9.  | MANAGING MEMBER  |   | 10.                     |  | <del></del>   | ADDITIONS/C                 | HANGES       |                          | <del></del>  |
| TITLE   | MGRM   | Delete  | TITLE                   |  |   | ABBITTOTO                   | 7 Transaco   | Change                   | ☐ Addition   |
| NAME  | STOKES, CHESTER E JR   | □1 Deic/e   | NAME                    |  |   |                             |              | onango                   |              |
| STREET ADDRESS  | 4315 PABLO OAKS COURT SUITE                                      | <b>:</b> 1  | STREET                  | ADDRESS  |   |                             |              |                          |              |
| CITY-ST-ZIP   | JACKSONVILLE FL 32224-9667                                       | •   | CITY-ST                 | r- ZIP   |   |                             |              |                          |              |
| TITLE   | MGR  | ☐ Delete  | TITLE                   |  |   |                             |              | Change                   | Addition     |
| NAME  | BERGMANN, THOMAS C   | 4   | NAME                    |  |   |                             |              |                          | Į            |
| STREET ADDRESS  | 4315 PABLO OAKS COURT SUITE                                      | <b>E</b> 1  | STREET                  | ADDRESS  |   |                             |              |                          | ĺ            |
| CITY-ST-ZIP   | JACKSONVILLE FL 32224-9667                                       |   | CITY-\$1                | :-ZIP  |   |                             |              |                          |              |
| TITLE '   | MGR  | ☐ Delete  | TITLE                   |  |   |                             | •            | Change                   | ☐ Addition   |
| NAME  | BRAREN, MICHAEL E  |   | NAME                    | 1  |   |                             |              |                          |              |
| STREET ADDRESS  | 4315 PABLO OAKS COURT SUITE                                      | <b>E 1</b>  | - II                    | ADDRESS  |   | •                           |              |                          | ļ            |
| CITY-ST-ZIP   | JACKSONVILLE FL 32224-9667                                       |   | CHY-ST                  | -217   |   |                             |              |                          |              |
| TITLE   |  | ☐ Delete  | TITLE                   | ]  |   |                             |              | Change                   | ☐ Addition   |
| NAME  |  |   | NAME                    |  |   |                             |              |                          |              |
| STREET ADDRESS CITY-ST-ZIP  |  |   | CITY-ST                 | ADDRESS  |   |                             |              |                          | }            |
|   | <del>_</del>   |   | _                       | -217   |   |                             |              |                          |              |
| TITLE   |  | ☐ Delete  | TITLE                   | ţ  |   |                             |              | Change                   | ☐ Addition ☐ |
| NAME<br>STREET ADDRESS  |  |   | NAME                    | *DOGECO  |   |                             |              |                          |              |
| STREET ADDRESS  <br>CITY-ST-ZIP   |  |   | CITY-ST                 | ADDRESS  |   |                             |              |                          |              |
|   | <del></del>  | <u>г</u>  |                         |  |   |                             | <del></del>  |                          | □ Addition   |
| TITLE   |  | ☐ Delete  | TITLE                   | 1  |   |                             |              | Change                   | Addition     |
| NAME<br>STREET ADDRESS  |  |   | NAME<br>STREET          | ADDRESS  |   |                             |              |                          | ļ            |
| CITY-ST-ZIP   |  |   | CITY-ST                 | i  |   |                             |              |                          | }            |
|   | errify that the information supplied with the                    | his filing does not qualify for                           |                         |  | ction 119 07/   | Ni) Florida Statutas I f    | urther corti | fu that the i            | nformation   |

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the informatic 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 frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STOKES, Jr. Chester Stokes, Jr. Managing Hember Signature and typed on printed name of signing managing member, manager, on authorized representative

4/28/03

Date

904/482-1100

Daytime Phone #