FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90047 021 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018619

1. Entity Name
CHARLES & BLAINE, LLC

Principal Place of Business
23824 INTEGRITY WAY
SORRENTO, FL 32776

Mailing Address
PO BOX 1477
SORRENTO, FL 32776

35042 C.R. 437

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
~~36320 Mill Creek Rd.~~	P.O. Box 1477
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Eustis, Florida	City & State: Sorrento, Florida
Zip: 32736 — Country: Lake	Zip: 32776 — Country: Lake

4. FEI Number: 60-0002361 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, M. BLAINE III
23824 INTEGRITY WAY
SORRENTO, FL 32776

7. Name and Address of New Registered Agent

Name: Charles W. Beck
Street Address (P.O. Box Number Is Not Acceptable): 23706 Oak Valley Lane
City: Sorrento FL Zip Code: 32776

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 [signature] Charles W. Beck 03/15/03
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, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ / ~~MCCORMICK, M. BLAINE III~~ / ~~23824 INTEGRITY WAY~~ / ~~SORRENTO, FL 32776~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM / BECK, CHARLES W / 23706 OAK VALLEY LANE / SORRENTO, FL 32776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: [signature] Charles W. Beck 03/15/03 352-589-6393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #