2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

MENT # LO4000									
DOCUMENT # L01000020576 1. Entity Name POP II, L.L.C.				FILED 2003 MAY -2 PM 5: 18					
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		9428 BAYMEADOWS ROAD. SUITE 112			DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA				
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Place of Business	3. Mailing Address			_					
Code Act II		Cuita And III and							
. #, eic.	Suite, Apt. #, etc.				CHECK HERE I	F MAKING (CHANGES		
City & State		City & State		4. FEI Num	ber 31-1813967		_]
Country	Zip	Cour	ntry	5. Certifica	te of Status Desired				
6. Name and Address of Curre	nt Registered Agent			7. Name ar	nd Address of New Re	gistered Ag	ent]
F&L CORP.			Name						
200 LAURA STREET			Street Addres	ss (P.O. Box Num	ber is Not Acceptable)				
NOUNVILLE PL 32202		•							
			City			FL	Zip Code)	
tions of registered agent.						DATE		·	
	Make Check Pay	able to Fl	orida Departr						
	BERS/MANAGERS	10.			ADDITIONS/0	CHANGES			
BEECKLER, THOMAS F 9428 BAYMEADOWS RD, STE	☐ Delete	NAM STRE	ET ADDRESS	16R _{05/0}	2/0301004	იბმ¶ ∙014 *:	*50.00	☐ Addition	CR2E083 (10/02)
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	☐ Delete	NAM STRE	E ET ADDRESS					☐ Addition	
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		TITLE				Г	Change	☐ Addition	í
	Cooperative, typed or printed name of registered ago	DOWS ROAD. SUITE 112 See of Business Wailing Address 9428 BAYMEADOWS RO JACKSONVILLE FL 32256 Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent CORP. LAURA STREET KSONVILLE FL 32202 Paramed entity submits this statement for the purpose of changing tions of registered agent. Signature, typed or printed name of registered agent and tale if applicable. MANAGING MEMBERS / MANAGERS VP BEECKLER, THOMAS F 9428 BAYMEADOWS RD, STE 112 JACKSONVILLE FL 32258 Delete	Dee of Business DOWS ROAD, SUITE 112 FI 32256 Place of Business JACKSONVILLE FL 32256 Delete TITL NAM STREE CITY DELET DELET DELET TITL NAM STREE CITY DELET DELET DELET TITL NAM STREE CITY DELET DELET	Dee of Business Mailing Address 9428 BAYMEADOWS ROAD. SUITE 112 JACKSONVILLE FL 32256 Place of Business 3. Mailing Address Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent CORP. LAURA STREET KSONVILLE FL 32202 City anamed entity submits this statement for the purpose of changing its registered office or registions of registered agent. Signature, typed or printed name of registered agent and 15e if applicable. FILE NOW!!! FEE IS \$50.0 Make Check Payable to Florida Departm Due By May 1, 2003 MANAGING MEMBERS / MANAGERS VP BEECKLER, THOMAS F 9428 BAYMEADOWS RD, STE 112 JACKSONVILLE FL 32256 Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME	Mailing Address JackSonville FL 32256 A. FEI Num Country Zip Country Zip Country Tip Street Address (P.O. Box Num Name Street Address (P.O. Box Num Corp. Laura STREET KSONVILLE FL 32202 City City City City Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS TILE MAME MANAGING MEMBERS/MANAGERS Delete TITLE MAME STREET ADDRESS CITY-ST-2P Delete MAME STREET ADDRESS CITY-ST-2P Delete	Applitude of Business Mailing Address Sinus ROAD, SUITE 112 Sinus ROAD, SUITE ROAD, SUITE 112 Sinus ROAD, SUITE ROA	Does Business Mailing Address Subs BankeADOWS ROAD. SUITE 112 JACKSONWILLE FL 92298 3. Mailing Address 3. Mailing Address Suite. Apt. #, etc. Country Zip Country Zip Country Zip Country Zip Country Size Address of Suite Apt. #, etc. CORP. LAURA STREET KSONWILLE FL 32292 City Street Address (P.O. Box Number is Not Acceptable) FLE NOWILLE FL 32202 City FL Superior, hyper or plated rame or registered agent and the frequency. MANAGING MEMBERS /MANAGERS Delete TILE NAME SHEET ANDRESS OTT-51-3P DELETE ANDRESS OTT-51-3P D	Design Bounds Mailing Address State State Survey Country A Fell Number 31-1813967 File Country A Fell Number 31-1813967 A Fell Number 31-181396	2003 MAY - 2 PM 5: 18 2004 MAY - 2 PM 5: 18

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 AND TYPED OR PRINTED NAME OF SIGNING

URE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.29.03

Daytime Phone #