

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

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90011 033 \*\*\*\*55.00

**DOCUMENT #** L01000020731

1. Entity Name

**FLORIDA INVESCO, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2365 Centerville Road**

Suite, Apt. #, etc.

3. Mailing Address

**POB 14918**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Tallahassee FL**

City & State

**Tallahassee FL**

4. EEI Number

**36-4483555**

Applied For

Not Applicable

Zip

**32308**

Country

**USA**

Zip

**32314**

Country

**USA**

5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Bobbye Ford Daniels**

Street Address (P.O. Box Number is Not Acceptable)

**2442 Buttonbush Court**

City

**Tallahassee**

Zip Code

**32308**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>President - MGRM</b>
NAME	<b>Bobbye Ford Daniels</b>
STREET ADDRESS	<b>2442 Buttonbush Court</b>
CITY - ST - ZIP	<b>Tallahassee FL 32308</b>
TITLE	<b>Vice-President - MGRM</b>
NAME	<b>John Whetsel</b>
STREET ADDRESS	<b>2127 Golden Eagle Drive W</b>
CITY - ST - ZIP	<b>Tallahassee FL 32312</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CR2E085B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**BOBBYE FORD DANIELS**

*Bobbye Ford Daniels*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/29/02 850 877-7575**

Date

Daytime Phone #