9/29/2002-90003-049-\$50.00-\$50.00

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DOCUMENT # L01000020791 02 OCT 11 AH 9: 48 JANET R. WEISBERG, BS, CT, LLC SECRETARY OF STATE TALL AHASSEF, FLORIDA Principal Place of Business Mailing Address 820 J MEADOWLAND DR 820 J MEADOWLAND DR. NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 01-061424 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEISBERG, JANET R 820 J MEADOWLAND DR. Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34108 City Zip Code 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 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 Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TIFI F NAME JANET R. WEISBERG 820 J MEADOWLAND DR. Change Addition NAME STREET ADDRESS STREET ADDRESS CR2E083 CITY-ST-ZIP NAPLES FIORIDA 34108 CITY-ST-ZIP Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP 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.

> DERNEPR. WEISBERG IBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2002 UNIFORM BUSINESS REPORT (UBR)