## FILED Jul 23, 2002 8:00 am

Signature   Species   Sp	1. Entity Na	JMENT # L01000 On track, llc	020880	-	<b>(</b>			ary of S 90345 021 ***	tate	
SARASOTA FL 3421  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & S	Principal Pla	ace of Business	Mailing Address		·					
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SURIS, Apt. #, etc.    Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE						1 (88)(1	tii 211 68181 11611 40112 80111			
City & State  Country  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  E. Required  6. Name and Address of Current Registered Agent	2. Principal	Place of Business	3. Mailing Addre	Mailing Address						
Zip Country Zip Country Zip Country S. Certificate of Status Desired S. S. Optimizer S. S.	Suite, Ap	t. #, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HYNDS, THOMAS J JR. 3408 CLARK ROAD SARASOTA FL 34231  City FL 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 ac the collegations of registered agent and rise if appropriate the collegations of registered agent and rise if appropriate the collegations of registered agent and rise if appropriate to the collegations of registered agent and rise if appropriate to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and ac the collegations of registered agent and rise if appropriate to the collegations of registered agent and rise if appropriate to the collegations of registered agent.  SIGNATURE	City & Sta	ate	City & State	ity & State			4. FF Number 26 - 0037278 Applied For			
S. Name and Address of Current Registered Agent HYNDS, THOMAS J JR. 3408 CLARK ROAD SARASOTA FL 34231  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and ac the colligations of registered agent.  SIGNATURE  SIGNATURE  MARK PLE NOW!!! FEE IS \$50.00 MANAGING MEMBERS/MANAGERS  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  MARK Delete HYNDS, THOMAS J  SIRET AUDRESS  OCT MEDIC COURT, APT, 310 SARASOTA FL 34243-5622  TILE NAME SIRET AUDRESS  CITY-51-2P  TILE NAME SIRET AUD	Zip	Country	Zip	Cou	untry			□ \$5.00	Additional	
HYNDS, THOMAS J JR. 3408 CLARK ROAD  SARASOTA FL 34231  8. The accove named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and active collegelions of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MARK  TILE  MARK  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  PANANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  PANANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  SIRET AUDIESS  CITY ST-2P  TILE  MARK  SIRET AUDIESS  CITY ST-2P  CITATRIP  CITATRIP  AUDIESS  CITY ST-2P  CITATRIP  AUDIESS  CITY ST-2P  TILE  MARK  SIRET AUDIESS  CITY ST-2P  CITATRIP  CITATRIP  AUDIESS  CITY ST-2P  CITY ST-		6. Name and Address of Currer	t Registered Agent			7. Name a	nd Address of New R		urred	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acted the colligations of registered agent.  SIGNATURE  Signature, hyper or presed name of inegritisered agent and life if applicative. (NOTE Registered Agent agent are networking).  Make Check Payable to Department of State  Due By September 25, 2002  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE  MAME HYNDS, THOMAS J.  HYNDS, THOMAS J.  HYNDS, THOMAS J.  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME STREET ADDRESS  CITY-ST-ZIP  CITHER  MAME STREET ADDRESS  CITY-ST-ZIP	ИУН	NDS, THOMAS J JR.		· · · · · · · · · · · · · · · · · · ·	" Name " "	<u>يائ. ۔ .</u> .				
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 act the collipations of registered agent.    Signature   File   Private   Private agent and title   Applicable   Private	340	8 CLARK ROAD				s (P.O. Box Number is Not Acceptable)				
B. 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 act the coligations of registered agent.    Signature					City	_		<b>₽</b> ₽ Zin (	ode	
SIGNATURE    Signature hyperd or present name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	8. The above	e named entity submits this statement t	or the purpose of char	nging its registe	red office or regis	stered agent, or b	oth, in the State of Flor			
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State Due By September 25, 2002  MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MAME HYNDS, THOMAS J 6021 MEDICI COURT, APT. 310 SARASOTA FL 34243-5622  TITLE MAME ITILE MA	9	ations of registered agent.							•	
Make Check Payable to Department of State Due By September 25, 2002  9.	SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Register	red Agent signature requ	uired when reinstating)	<del></del>	DATE		
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limited liability company or the receiver or tru execute this report as required by Chapter 608, Florida Statutes.

2002 UNIFORM BUSINESS REPORT (UBR)