## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED May 30, 2002 8:00 am Secretary of State

The above named entity submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Florida.  Signature  The above named entity submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Florida.  Signature  The above named entity submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Florida.  Signature  The above named entity submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Florida.  Signature  The above named entity submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Florida.  Signature  The above named entity submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Florida.  Signature  The above named entity submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Florida.  Signature  The above named entity submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Florida.  Signature  The above named entity submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Florida.  Signature  The above named entity submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Florida.  The above named entity submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Florida.  The above named entity submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Florida.  The above named entity submits this statement for the purpose of changing its registered office or registared agent, or bot	DOCUMENT # L0100.0020947  1. Entity Name			Secretary of State 05-30-2002 91595 048 ****50.00
2. Principal Place of Busineses	CZ L.L.C.	J		
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City & State  SPRING HILL FLORIDA  Zip 3 4G10  Codnity  DO NOT WRITE IN THIS SPACE  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  MANAGING MEMBERS/MANAGERS  MANAGING MEMBERS/MANAGERS  MANAGING MEMBERS/MANAGERS  MANAGING MEMBERS/MANAGERS  MANAGING MEMBERS/MANAGERS  THE MANE SPRING HILL, FL 3 4G10  THE MANE SPRING HILL SPRING SP	16958 US 41 SOUTH SAME		DO NOT WRITE IN THIS SPACE	
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Name HORACE A. LINDWITON IV, PA Street Addrags (PO, Box Number in Not Acceptable)  IN THIS SPACE  City TAMPA  FL  Zip_Code 336 coc  6. 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.  SIGNATURE  SIGNATURE  Make Check Payable to Department of State DUE BY MAY 1  9. MANAGING MEMBERS/MANAGERS  TILE MAKE STREET ADDRESS CITY-51-79  TITLE MAKE STREET	34610 USA	Zip C	ountry	5. Certificate of Status Desired See Required Fee Required
DO NOT WRITE IN THIS SPACE  Street Address (FO. Box Number is Not Acceptable)  City TAMA FL  City TA		4°	Name	• -
IN THIS SPACE  City TAMPA  City TAMPA  FL Zip Code 33 606  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  Bigreline, hypest or private farms of requirement agent and time 4 applicable.  PEE IS \$50.00  Make Check Payable to Department of State DUE BY MAY 1  TITLE  MAME FRANK 2.4175H/K 1693S 45 41 5:  STREET ADDRESS CITY-ST-2P  TITLE  MAME STREET ADDRESS CITY-ST-2P	DO NOT WRI	TE	HORA	PO Box Number is Not Assessable
City TAMPA  FL Zip Code S To no 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 byted or prived rame of registered agent and the 4 applicable.  PATE  FEE IS \$50.00  Make Check Payable to Department of State DUE BY MAY 1  9. MANAGING MEMBERS/MANAGERS  TITLE NAME FEE HORSES CITY-51-2P  TITLE NAME STREET ADDRESS CITY-51-2P  TITLE	IN THIS SPACE	CE	40	S-WEST AZEELE STREET
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature Types or printed name of registered agent and the 4 applicable.  PEE IS \$50.00  Make Check Payable to Department of State  DUE BY MAY 1  9. MANAGING MEMBERS/MANAGERS  TITLE  MAME  FRANK 2 AITSHIK  16938 US 41 S.  SIREET ADDRESS  CITY-ST-2P  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  STR			City	
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11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Vi). Florida Statutos Lifuthor contify that the information	NAME STREET ADDRESS SITY-SI-ZIP	NA S1 CI	AME Treet address ITY-ST-ZIP	

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: Frank Zailship

5/20/02 2483912831 Date Daytime Phone #