LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am Secretary of State

1. Entity N		# L010000 PARTMENTS,	Secretary of State 04-22-2002 90150 048 ****55.00								
	DO N	OT WRITE	E IN THIS S	PAC	E						
	al Place of Busine		3. Mailing Address	•							
	Garden S pt. #, etc. 700	orreer	Suite, Apt. #, etc.	Post Office Box 12950 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & S	State		City & State	City & State			4. FEI Number Applied For				
Pensacola, Florida			Pensacola, I	Pensacola, Florida			74–3024290 Not Applicable				
Zip 32501			^{Zip} 32576	Coun	utry U.S.	5. Certificate of Status Desired \$5.00 Addition Fee Required					
						7. Name and Address of Current Registered Agent					
-	Ď	O NOT W	Name Nixon Daniel, III								
IN THIS SPACE					Street Address (P.O. Box Number is Not Acceptable) 3 West Garden Street						
ŕ	11.	1 11113 31	ACL	Suite 70		00					
• •	<u>.</u>			Pensacol				FL	Zir	32561	
8. The abo	ove named entity	submits this statement f	or the purpose of changing its	registere	ed office or registe	ered agent, or both, in the S	State of Floric	 Ja.			
SIGNATUR	ESignature_typed.n	r printed name of registered agen	t and title if applicable					DATE			
F Make Check Pay					\$50.00 Department	of State		Parc			
9.		MANAGING MEMB	ERS/MANAGERS			I					
TITLE	Manager			TITLE							
NAME	JJ. Nixo	n Daniel, III	l	NAM	: 1					į.	

STREET ADDRESS 3 W. Garden St., Suite 700 STREET ADDRESS CITY-ST-ZIP Pensacola, FL 32501 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME ---NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP City-St-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-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.

SIGNATURE: J. Nixon Daniel, III

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

April 9, 2002 (850) 432-2451