LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2002 8:00 am Secretary of State

| DOCUMENT # L010000 | 21491 | | Secretary of State 04-17-2002 90025 011 ****50.00 | | | |
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| RIVER OAKS ESTATES, LL | | _ | | | | |
| DO NOT WRITE | E IN THIS S | SPACE | | | | |
| 2. Principal Place of Business | 3. Mailing Address Stephanie I | Miller, Trustee | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 1700 Medic | | ∞ | NOT WRITE IN THIS SE | PACE | |
| City & State | City & State Fort Myers, | | 4. FEI Number | | Applied For Not Applicable | |
| Zip Country | 33907 | Country USA | 5. Certificate of Status | | 5.00 Additional | |
| ii | | Name | 7. Name and Address of | | | |
| DO NOT W IN THIS SI | | Street Addre | ruman Costello es (P.O. Box Number is Not A 670 New Brittany | y Blvd Ste 10 | 1 | |
| | | City For | t Myers | FL. | Zip Code 33907 | |
| SIGNATURE Signature, syped or oriented name of registered ager t MANAGING MEMB | Máio Chack | FEE IS \$50.00 Payable to Departmen DUE BY MAY 1 | t of State | DATE | | |
| MGRM STREET ADDRESS CHT ST ZIF 1700 Medical Lane | | RITLE NAME STREET ADDRESS GITY-ST-740 | | | CR2E083B (12/01) | |
| TITLE FORT Myers, FI 3390 NAME STREET ADDRESS CITY ST ZIP | 17 | TITLE NAME STREET ADDRESS CITY-ST-77P | | | CRZEO | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY ST. ZIP | DO N | OT WRIT | E | |
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| NAME STREET ADDRESS CHY-SI-ZIP | | TITLE NAME STREET ADDRESS CITY ST-ZIP | • | | | |
| 11. I hereby certify that the information supplied wit indicated on this report is true and accurate and limited Bability company or the receiver or truste SIGNATURE: SIGNATURE: SIGNATURE MG TYPED ON PRIPTED NAME: | t that my signature shall have empowered to execute the | ve the same legal effect as is report as required by Ch | if made under oath, that I am apter 608, Florida Statutes. | a managing member o | r that the information or manager of the | |

| Form | PR. 9 | .2002 3: | 37 Propilc 009 | TELLO SIMS | & ROYSTON | A Hacky | xent numb | - Q | 38890 .296 P | #L0100 |
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| Rev. | April 2001 | _ n | (For use by r | yers, corpor | rations, partn | erships, trusts, esta a, and others. See h | tr ' d | , L | EIN | |
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| | 1 Nar | ne of applicant | (legal nama) (see Satates, III | Instructions) | | | | 1 | | |
| print clearly. | | | | from name on lin | St | Executor, trustee, "cr ephanie Millo | er of nam | 9 | | |
| r print | P.O. | Drawer 60 | 205 | om, apt., or suite i | no.) 5e 17 | Business address (M OO Medical (| different fro 311,6 | m addres | a on lines 4a | and 4b) |
| type or | Fort. | , state, and ZIP Myers, FI | 33906 | | Fo | City. state, and ZIP of rt Myers, FL | | | | |
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| | 7 Nam St | | Cer, general part | | , or trustor—6 | SN or ITIN may be rec | pired (see in | structions | → 391–50 | 0-2732 |
| 80 | | | only one box.) (se a limited liability | e instructions) company, see the | e Instructions | for line Ba. | | | | *************************************** |
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| | elos LL Branti | proprietor (SS) nerebio | · | nal service corp. | | (SSN of decedent) Iministrator (SSN) | | -! | | • |
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| '00 Medical Lane | | | | l | |
| ort Myers, Florida | 33907 | | Daytime telephone number (941) 277-1515 | Plan nu | mber (if applicable) |
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| a liyou want the first representative listed on time 2 to receive the original, and yourself a copy, of such notices or communications, check this box. a liyou want the second representative listed or receive a copy of such notices and communications, check this box. If you do not want any notices or communications sent to your regresentative(s), check this box. If you do not want any notices or communications sent to your regresentative(s), check this box. If you do not want any notices or communications sent to your regresentative(s), check this box. B Ratention/revocation of prior power(s) of attorney. The filing of this power of eithorney automatically revokes all earlier power(s) of attorney on the winth the internal Revenue Service for the tame tax matters automated years or periods convered by this document. If you do not went to revoke a prior power of eithorney, check here. 9 Signature of texpayer(s), if a tax matter concerns a joint return, both husband and wife must sign if joint represent receiver, administration, or trustee on behalf of the texpayer, conflict in the request, and ministration and trustees on behalf of the texpayer (a print) that have the authority to execute this form on behalf texpayer. ▶ If NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED. Print Name Declaration of Representative Index penalties of perjury, I doctare that: ■ I am not currently under suspension or disbamment from practice before the Internal Revenue Service; ■ I am want of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concernify practice of attorneys, cartified public socourtents, errolled agents, errolled actually applicable to practice as a certified public specified them; and of the following: a larm one of the following: a member of the staypayer's operation of the bar of the highest count of the jurisdiction shown belo | | | <u> </u> | |
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| is requested, otherwise, see the instructions, if signed by a corporate officer, partner, guardian, tax matters partner, extractives, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf taxpayer. If NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED. 12/11/01 Title (if applicable) Stephanie Miller Print Name Print Name Declaration of Representative Inder penalties of patjury, I declare that: I am not currently under suspension or disbarment from practice before the Internal Revenus Service; I am authorized to represent the taxpayer of identified in Part I for the tax matter(s) specified there, and I am en of the following: Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below to Certified Public Accountant — duty qualified to practice as a certified public accountant in the jurisdiction shown below to Certified Public Accountant — duty qualified to practice as a certified public accountant in the jurisdiction shown below to Certified Public Accountant — duty qualified to practice as a certified public accountant in the jurisdiction shown below to Certified Public Accountant — duty qualified to practice as a certified public accountant in the jurisdiction shown below to Certified Public Accountant — duty qualified to practice as a certified public accountant in the jurisdiction shown below to Certified Public Accountant — duty qualified to practice as a certified public accountant in the jurisdiction shown below to Certified Public Accountant — duty qualified to practice as a certified public accountant in the jurisdiction shown below to Certified Public Accountant — duty qualified to practice as a certified public accountant in the jurisdiction shown below to Certified Public Accountant — duty qualified to practice as a certified public accountant in the jurisdiction shown below to Certified Public Accountant — an amenter of the taxpayer's organization. First This Declaration | power(s) of attor document. If you | ney on file with the Internal Revenue Serve to not want to revoke a prior power of a | rice for the same tax matters and ottorney, check here | years or periods covered by this |
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| Signature Date Title (if applicable) Stephanie Miller Print Name Signature Declaration of Representative Inder penalties of perjury, I declare that: I am not currently under suspension or disbarment from practice before the internal Revenue Service; I am water of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning practice of attorneys, certified public accountants, enrolled actuaries, and others; I am suthorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and I am one of the following: Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below. Certified Public Accountant — duty qualified to practice as a certified public accountant in the jurisdiction shown below of Cofficer — a bona fide officer of the taxpayer's organization. Full-Time Employee — a full-time employee of the taxpayer. Family Member — a member of the taxpayer's interesting for the Employee, parent, child, brother, or sister), Enrolled Actuary — enrolled as an actuary by the Julis Board for the Employment of Actuaries under 29 U.S.C. 1242 (authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230). If THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. Designation — Insert Jurisdiction (state) or Enrollment Card No. Enrolled Actuary — Enrolled Card No. Enrolled C | 1 | | ير ۱۰۰ يې د پېښېښي پرامو | |
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