LIMITED-LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: Monica L. Shasteen, MGRM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 16, 2002 8:00 am Secretary of State

DOCUMENT # LO1000021605 Lientity Name Lionheart Business Brokers, LLC							Secretary of State 04-16-2002 90074 031 ****50.00		
do not write in this space									
2. Principal Place of Business 3. Mailing Address 2920 Harbor View Aur. W. Suite, Apt. #, etc.					View Ave.W.		DO NOT WRITE IN THIS SPACE		
City & State Tampa, FZ			City & State Tombo, FL			4. FEI	Number 5-2161916	Applied For Not Applicable	
Zip 74	Country -USA		Zip 33611	Zip 33611 Coun			5. Certificate of Status Desired		
		o not wi n this sp			Name	7. Name and Address of Current Registered Agent Philip M. Shasteen ess (P.O. Box Number is Not Acceptable) 100 North Tampa Street Suite 1800 Tampa FL Zipfode 33602			
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 Signature, typed or printed name of registered agent and title if applicable. DATE FEE IS \$50.00									
Make Check Payable to Department of State DUE BY MAY 1									
9.8' TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM MONICA L. Shasteen Annica L. Shasteen 1920 Harbor View Are. W. Tampa, FL 33611						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CR2E0838 (12/01)	
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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: Monica L. Shasten, Megm									