2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name

TOTAL I MANAGEMENT, LLC



FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90025 017 ***150.00

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S. Name and Address of Current Registered Agent CFRA, LLC ONE HARBOUR PLACE 777 S. HARBOUR SLAND BLVD, STE 500 TAMPA FL 33602 City Brandon FL Zip Code 12 Link Size Moverage agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent. Signature File Rowling Its registered after registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent. Signature File Rowling Its registered agent registered agent in the State of Florida. I am familiar with, an the obligations of registered agent. Signature File Rowling Its registered agent registered agent registered agent registered agent registered agent or point nerve of registered agent. Name Part No. Wy C. III Street Address (P.O. Box Numpler is Not Acceptable) FL Zip Code 12 Link Signature The Rowling Its registered agent registered agent or both, in the State of Florida. I am familiar with, an the dollar agent agent with, an the obligations of registered agent. Name Part No. Wy C. III Street Address (P.O. Box Numpler is Not Acceptable) File Rowling Its registered agent registered agent or registered agent. Name Part No. Wy C. III Street Address (P.O. Box Numpler is Not Acceptable) FL Zip Code 12 Link Signature Name Part No. Wy C. III Name						4. FEI Nun	nber 01-055322	1		pplied For ot Applicable	
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TAMPA FL 33802 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, an the obligations of registered agent. SIGNATURE Signature. Pyracle name of registered agent. Walfry W. Wylic, T. Excustive Director 3/13/03 ADDITIONS (NOTE: Registered Agent segretion required them religionating) FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS MANAGERS ITILE D MANE SIFERT ADDRESS CITY-ST-ZIP TAMPA FL 33626 TILE NAME SIFERT ADDRESS GOT AGENT AGENTS GOT AGENT AGENT AGENTS GOT AGENT AGE	CEB	M IIC			lame	cen W. L	Delic II				
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I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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.