LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

SIGNATURE: -

L01000022538

1. Entity Name

D'AGOSTINO AND ASSOCIATES, LLC.

FILED May 03, 2002 8:00 am Secretary of State 05-03-2002 90022 040 ****50.00

| DO NOT WRITE IN THIS SP | ACE |
|---|--|
| 2. Principal Place of Business 330 S. Fine apple U.e. Suite, Apt. #, etc. | DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable Country 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City Sand Soft FL Zip Fode 9 |
| Signature, typed or printed name of registered agent and title if applicable. FI Make Check Pay | registered office or registered agent, or both, in the State of Florida. 1905tino President 4-15-02 EEE IS \$50.00 yable to Department of State UE BY MAY 1 |
| 9. MANAGING MEMBERS/MANAGERS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE. NAME |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am a managing member or manager of the report as required by Chapter 608, Florida Statutes. |

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-15-02