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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022567			
1. Entity Name NYPD II, LLC			
Principal Place of Business 7380 SAND LAKE ROAD SUITE350 ORLANDO FL 32819		Mailing Address 7380 SAND LAKE ROAD SUITE350 ORLANDO FL 32819	
2. Principal Place of Business		3. Mailing Address <i>7931 Bridgestone Dr</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Orlando, FL</i>	
Zip	Country	Zip	Country
<i>32835</i>	<i>Orange</i>	<i>32835</i>	<i>Orange</i>
4. FEI Number <i>#32-00-60951</i>		APPLIED FOR ☒ Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FERDERIGOS, MICHAEL 7380 SAND LAKE ROAD SUITE350 ORLANDO FL 32819		7. Name and Address of New Registered Agent Name <i>Paul Russo</i> Street Address (P.O. Box Number is Not Acceptable) <i>7380 Sand Lake Rd.</i> <i>Suite 350</i> City <i>Orlando</i> FL Zip Code <i>32819</i>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i>		DATE <i>2/3/03</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent Signature required when replacing)	
FILE NOW!!! FEE IS \$60.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIP ENTERPRISES, LLC 7380 SAND LAKE ROAD ORLANDO FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR</i> <i>Louis J. Pearman Enterprises, Inc.</i> <i>7380 Sand Lake Rd.</i> <i>Orlando FL 32819</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSO, PAUL 7931 BRIDGESTONE DR. ORLANDO FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR</i> <i>Russo Concepts, Inc.</i> <i>7931 Bridgestone Dr.</i> <i>Orlando FL 32835</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR</i> <i>Louis J. Pearman Enterprises, Inc.</i> <i>7380 Sand Lake Rd.</i> <i>Orlando FL 32819</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR</i> <i>Russo Concepts, Inc.</i> <i>7931 Bridgestone Dr.</i> <i>Orlando FL 32835</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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)(f), 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 606, Florida Statutes.

SIGNATURE: *[Signature]* **REQUIRED** *2/3/03 (162/230 880)*

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

CR25063 (10/02)