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3.

FILED
Jun 18, 2002 8:00 am
Secretary of State
03-07-2002 90151 013 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022599

1. Entity Name

DEAD RIVER, LLC

DO NOT WRITE IN THIS SPACE

93408

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2. Principal Place of Business	3. Mailing Address
1009 North Fourteenth Street	Post Office Box 492460
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Leesburg, FL	City & State: Leesburg, FL
Zip: 34748 Country: USA	Zip: 34749-2460 Country: USA

4. FEI Number: 26-0032104 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Steven J. Richey, Esquire

Street Address (P.O. Box Number is Not Acceptable): 1009 North Fourteenth Street

City: Leesburg FL Zip Code: 34748

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: ~~General Manager~~ Managing Member NAME: Steven J. Richey, Esquire STREET ADDRESS: 1009 North Fourteenth Street CITY-ST-ZIP: Leesburg, FL 34748	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ~~Managing Member~~ Mgr. NAME: C. Victor Donahey, Jr. STREET ADDRESS: 3351 West Burleigh Boulevard CITY-ST-ZIP: Tavares, FL 32778	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ~~Managing Member~~ Sec./Treas. NAME: Edward R. Allen STREET ADDRESS: 3351 West Burleigh Boulevard CITY-ST-ZIP: Tavares, FL 32778	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E083B (12/01)

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: [signature] 2/19/02 352 365-2262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #