FILED Apr 09, 2002 8:00 am Secretary of State

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SK

03-05-2002 90016 036 ****50.00 L01000022740 DOCUMENT # 1. Entity Name PINEBROOKE CC, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address BLVD BAYSHORE 601 BAYSHORE BLYD 601 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 450 **ゴレエTE** 650 4. FEI Number 59-3507264 City & State Applied For City & State tam PA Not Applicable <u>TAM PA</u> Country Country Zio \$5.00 Additional 5. Certificate of Status Desired 33604 HILLS BORDUM 33606 HUSBOROUGH Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code FL 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. DATE **FEE IS \$50.00** Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. MGR TITLE TITLE FUNK, CHARLES B WOI BAYSHORE BLVD, SUITE 650 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TAMPA, FL. 33606 TITLE TITLE mo-K MEEHAN, JEFFLEY B MAKE NAME 601 BAYSHORE BLVD, SUITE 650 STREET ADDRESS STREET ADDRESS CITY -ST-ZIP TAMPA, FL. 33606 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7IP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby 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 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 requirer cyrrustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE