LIMITED LIABILITY COMPANY APPROVED UNIFORM BUSINESS REPORT (UBR) L01000022766 **DOCUMENT #** 1. Entity Name 02 MAR 22 PM 1: 26 CHARITY SUPPLIES, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business
1551 SANDSPUR ROAD 3. Mailing Address 4961 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 3 City & State Applied For LANDO M AITCAND, Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent BOND CORPORATE SERVICES OF CENTRAL FLORIDA, DO NOT WRITE IN THIS SPACE ITE 1100 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 500005171585---03/27/02--01038--<u>0</u>20 Make Check Payable to Department of State **DUE BY MAY 1** *****50.00 MANAGING MEMBERS/MANAGERS 9. TITLE MGR TITLE NAME GINSBURG, ALAN NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MATTLAND, PL 32751 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME TREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP ĮŢĿĔ IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with his 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 receiver or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

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

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SIGNATURE: