LIMITED LIABILITY COMPANY SUSTINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am Secretary of State

DOCUMENT # L010Q0022853 1. Entity Name						Secretary of State 04-22-2002 90243 025 ****50.00			
1538	BUILDING, LLC	<u></u>							
	DO NOT WRITE	IN THIS	SPAC	e F			,	~	
				,					
! '	Place of Business S. WASHING TON ALL	3. Mailing Address 918 S.W.	Arth Ir	To 1 da se					
Suite, Ap		Suite, Apt. #, etc.	TATING	100 1146	_	DO NOT WRITE IN	THISS	PACE	
City & Sta	ate	City & State						- AOL	
TITUSVILLE		PL	PL			nber -0024663		-	Applied For Not Applicable
Zip 37	2780 Country BREVARD	32-780	Coun	itry	5. Certifica	ite of Status Desired	, k	ee Req	Additional
				Name	7. Name and	Address of Current Regi	stered	Agent	
DO NOT WRITE				Name JOE P. CALLERWOOD Street Address (P.O. Box Number is Not Acceptable)					
	IN THIS SE			SS (P.O. Box Num	ber is Not Acceptable)	<u></u>			
Ž.		AUL	İ						
				City TYTUS	VILLE		FL	Zip C	Code L 780
8. The above	e named entity submits this statement fo	r the purpose of changing	g its registere			oth, in the State of Florida.		<u> </u>	- 780
SIGNATURE	Signature, typed or printed name of registered agent			<u>-</u> -					
	- Type - Land - Taglotte da agont	ала вне и аррисаціе.	FEE IS	\$60.00			DATE	_,	
		Make Check		Departmen	t of State				
9.	MANAGING MEMBE				····		·		
TITLE NAME .	MANAGING MET JOEP CALDERW 918 S. WASHINGTON A	n BESC (2020)	TITLE						
STREET ADDRESS	918 S. WASHINGTON A	NS	NAME STREE	T ADDRESS					
CITY-ST-ZIP	TIMSVILLE, K 37	-782	CITY-						
TITLE NAME	MENBER		TITLE						
STREET ADDRESS	GIL CALDERWOOD 918 5. WASHINGTON	1-AUT	NAME STREET	T ADDRESS					
CITY-ST-ZIP	TITUSVICLE R 3:	2780	CITY-S						
TITLE	MANAGING MEM	EP2	TITLE		· · · · · · · · · · · · · · · · · · ·				·····
NAME STREET ADDRESS	PANE TURNER	UE	NAME	i					
CITY-ST-ZIP	337 101 WYDAN 1		•	STREET ADDRESS : CITY-ST-ZIP		O NOT WE)IT	=	
IITLE	MEMBER			91-71F					
NAME	JACKIE ANDN		TITLE NAME			I THIS SPA	/CI		
STREET ADDRESS CITY-ST-ZIP	JINS VILLE, EL 327	PUL		ADDRESS					
	Tirus VILLE, EL 327	46	CiTY-S	T-ZIP					
TTLE NAME			TITLE NAME						
TREET ADDRESS	_			ADDRESS					
ITY-ST-ZIP			CITY-SI	1					
ITLE			TITLE						
AME Treet address			NAME						
ITY-ST-ZIP	· ,		STREET . CITY-S1	ADDRESS F_ 7IP					
1. I hereby ce	ertify that the information supplied with t	nis filing does not qualify f		1	oction 110 07/3V	() Florida Control of the		-,	

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 acceptance 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 trusteed empowered to execute this report as required by Chapter 608, Florida Statutes.

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

321-268-109

4-16:62