UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 02, 2002 8:00 am Secretary of State

	DOCUMENT # L020000003-2 1. Entity Name				Secretary of State 04-02-2002 90959 022 ****50.00	
2. Principal Place of Business INTH 2 Osprey Boint Dr. Sont April 10. Sont	RUSS L	.L.C.)		
Suite, Ast 4, etc. Chy & State	DO NOT WRITE IN THIS SPACE					
The above named only above the purpose of changing its registered agent, or both, in the State of Rorda. Since Address of Courter Registered Agent	1474	12 Ospray Point Dr.	14742 Osp.	reytoint Dr.	DO NOT WRITE IN THIS SPACE	
DO NOT WRITE IN THIS SPACE IN THE INDE IN THIS SPACE IN THIS SPACE IN THE IN THIS SPACE IN THIS SPACE IN THE IN THIS SPACE IN THIS SPACE IN THE IN THIS SPACE IN THI	<u> </u>	Myers, Florida	Ft. Myers	Country	5. Certificate of Status Desired \$5.00 Additional	
NAME STREET ADDRESS OTY-51-2P TITE MAKE STREET ADDRESS OTY-51-2P TITE MAKE STREET ADDRESS OTY-51-2P TITE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK	<u> </u>	08 054	33908	USH	Fee Required	
8. The above named entry shopins that the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SUPPLIANT INTERIOR OF TRANSFORM REGISTRANSFORM AND TRANSFORM	DO NOT WRITE Street Address				rdon Duncan-	
8. The above named entry subplies this betweenthing the purpose of changing its registered effice or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS ITILE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-2P DO NOT WRITE ITILE NAME STREET ADDRESS CITY-ST-2P TITLE STREET	IN THIS SPACE				7:0-4	
Signature, tryand or greater appear and title of expectable. FEE IS \$50.00 Make Check Poyable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS III.E MANAGING MEMBERS/MANAGERS III.E MAME DOU: Q. A. Russ STREET ADDRESS CITY-51-2P Ft. MYPYS, F1. 33908 III.E NAME STREET ADDRESS CITY-51-2P III.E NAME STREET ADDRESS STREET ADDR	8. The above	named entity suppoits this statement for	the purpose of changing its re	egistered office or registe	110101	\neg
Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS ITTLE NAME STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P) 		(-1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	-		Make Check Paya DU	able to Department o	of State	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP			S/MANAGERS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP						12/0
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 14742 Osgrey Point Dr.			ì		ä
NAME SITRET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY- ST-ZIP						<u> </u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						è
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP						İ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			The state of the s	
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				j ,	DO NOT WRITE	ļ
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			TITLE	IN THIS SPACE	
CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			■ t	IN THIS STAGE	}	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OTHER STREET ADDRESS CITY-ST-ZIP TITLE OTHER STREET ADDRESS CITY-ST-ZIP TITLE OTHER STREET ADDRESS CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE OTHER STREET ADDRESS CITY-ST-ZIP TITLE OTHER STREET ADDRESS CITY-ST-ZIP TITLE OTHER STREET ADDRESS CITY-ST-ZIP				•	:	
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					PRODUCTION OF THE PROPERTY OF	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP						
	STREET ADDRESS			STREET ADDRESS		ļ
11. Thereby 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	CITY-ST-ZIP	ertify that the information supplied with the	nis filing due oot qualify for th		ection 119.07(3)(i) Florida Statutes further certify that the information	n l