## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 07, 2002 8:00 am Secretary of State

05-07-2002 90388 037 \*\*\*\*50.00 DOCUMENT # L 0 2 0000,00037 Civix Holdings 11, LLC 955814 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2033 Hain 104 DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE <u>onnelly</u> Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 203.3 Main PASOTA 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 Signature, typed or printed name of registered agent and title if applicable. DATE FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS MGRA TITLE TITLE Rod Connelly 2033 Main St, Suite 104 CR2E083B (12/01) NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Sarasota, FL 34237 CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST, ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7/P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4,30,02

Davtime Phone #