

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90588 048 ****50.00

DOCUMENT # L02000001446

1. Entity Name

ROUNDERS TWO, LLC



Principal Place of Business

**15 WEST CHURCH STREET SUITE 203
ORLANDO FL 32801**

Mailing Address

**15 WEST CHURCH STREET SUITE 203
ORLANDO FL 32801**

2. Principal Place of Business

425 W. COLONIAL Dr.

Suite, Apt. #, etc.

Suite 204

City & State

Orlando FL

Zip

32804

Country

U.S.

3. Mailing Address

425 W. Colonial Dr.

Suite, Apt. #, etc.

Suite 204

City & State

Orlando FL

Zip

32804

Country

U.S.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3598279

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

**WOODS, JONATHAN D ESQ.
15 WEST CHURCH STREET SUITE 203
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **"SAME"**

Street Address (P.O. Box Number is Not Acceptable)

425 W. Colonial Dr.

Suite 204

City

Orlando

FL

Zip Code

32804

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **WOODS, JONATHAN D**
STREET ADDRESS **15 WEST CHURCH STREET SUITE 203**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **WOODS, JONATHAN D.**
STREET ADDRESS **425 W. Colonial Dr., Suite 204**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

JONATHAN D. Woods, MGR

4/30/03

407-650-8139

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

Date

Daytime Phone #

CR2E083 (10/02)