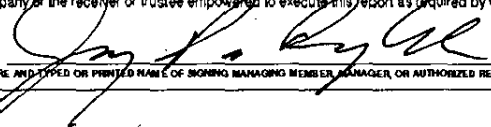


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90187 006 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000001593					
1. Entity Name PRIVATE CLIENT INVESTMENT III, LLC					
Principal Place of Business 8080 -24TH STREET VERO BEACH, FL 32966			Mailing Address 8080 -24TH STREET VERO BEACH, FL 32966		
2. Principal Place of Business 6717 Egret West Lane Suite, Apt. #, etc.		3. Mailing Address 6717 Egret West Lane Suite, Apt. #, etc.			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number ☐ Not Applicable	
Zip 33413		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent REYNOLDS, J. PATRICK 8080 -24TH STREET VERO BEACH, FL 32966				7. Name and Address of New Registered Agent Name Reynolds, Jay Patrick Street Address (P.O. Box Number is Not Acceptable) 6717 Egret West Lane City West Palm Beach FL Zip Code 33413	
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  DATE 2/21/03 (NOTE: Registered Agent's signature required when re-appointing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE ☐ Delete NAME Reynolds, Jay Patrick STREET ADDRESS 6717 Egret West Lane CITY-ST-ZIP West Palm Beach, FL 33413				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 of the recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  DATE 2/21/03 SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E033 (1/02)