

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92174 032 \*\*\*\*50.00

0002063

**DOCUMENT # L02000002077**

1. Entity Name  
**CYRAG, LLC**



Principal Place of Business  
**6630 SOUTHPOINT PARKWAY  
JACKSONVILLE FL 32216**

Mailing Address  
**6630 SOUTHPOINT PARKWAY  
JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**F & L CORP.  
200 LAURA STREET  
JACKSONVILLE FL 32202**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **904-281-9800**

CR2E083 (10/02)

Attachment  
300609318  
LD2000002077

Form **SS-4**

**Application for Employer Identification Number**

(Rev. December 2001)  
 Department of the Treasury  
 Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN
OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>CYRAG, LLC</b>								
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care-of" name							
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>6630 Southpoint Parkway</b>	5a Street address (if different) (Do not enter a P.O. box.)							
	4b City, state, and ZIP code <b>Jacksonville, FL 32216</b>	5b City, state, and ZIP code							
	6 County and state where principal business is located <b>Duval Florida</b>								
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>Roger McClung</b>		7b SSN, ITIN, or EIN <b>285-50-3383</b>						
8a Type of entity (check only one box)									
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>LLC</b>									
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____									
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <b>Florida</b>	Foreign country						
9 Reason for applying (check only one box)									
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Investment</b> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____									
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____									
10 Date business started or acquired (month, day, year) <b>1-28-2002</b>		11 Closing month of accounting year <b>December</b>							
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ <b>None</b>									
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".			<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Agricultural</td> <td>Household</td> <td>Other</td> </tr> <tr> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> </tr> </table>	Agricultural	Household	Other	<b>0</b>	<b>0</b>	<b>0</b>
Agricultural	Household	Other							
<b>0</b>	<b>0</b>	<b>0</b>							
14 Check one box that best describes the principal activity of your business.									
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>Investment</b> <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail									
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>N/A</b>									
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.									
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.		Legal name ▶ _____ Trade name ▶ _____							
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.									
Approximate date when filed (mo., day, year)		City and state where filed	Previous EIN						

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name <b>Roger McClung</b>	Designee's telephone number (include area code) <b>(904) 296-4560</b>	
	Address and ZIP code <b>6630 Southpoint Parkway, Jacksonville FL 32216</b>	Designee's fax number (include area code) <b>(904) 281-9804</b>	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ <b>ROGER MCCLUNG, DIRECTOR</b>	Applicant's telephone number (include area code) <b>(904) 296-4560</b>
Signature ▶ <i>Roger McClung</i>	Applicant's fax number (include area code) <b>(904) 281-9804</b>
Date ▶ <b>4/24/03</b>	