## **2003 LIMITED LIABILITY COMPANY**

## UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000002859



## **FILED** Feb 28, 2003 8:00 am Secretary of State

CITY-ST-ZIP	1. Entity Nat						02-28-2003 9	90037 003	****50	.00
Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   Coy & State   Coy & State   Check HERE IF MAKING CHANGES  Zip   Country   Country   S. Certificate of Status Desired   S5.00 Asplication Fee Required  6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Fee Required  GOOOMIN, JAMES W 400 N. TAMPA STREET   SUITE 200  TAMPA FL 33802   Cry   FL   Zip Code    6. The above named circly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fior ds. I am familiar with, and accept the obligations of registered agent   Date    SIGNATURE   Signature agent	400 N. TAMPA SUITE 2300	STREET	P.O. BOX 1531				<b>BB</b> 11 <b>5</b> 11 <b>3</b> 14 <b>83</b> 14 <b>88</b> 14	<b>Pa</b> (1) <b>AU</b> (1) <b>AU</b> (1)	B ((BB( (B)B) )	III. 3 JUL 1004
Cry & State  Country	Principal Place of Business									
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S. Name and Address of Current Registered Agent  GOODWIN, JAMES W 400 N. TAMPA STREET SUITE 2300 TAMPA R. 33802  8. The above named circly 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the submission.    FILE NOW!! FEE Is \$50.00   Make Check Payable to Florida Department of State Due By May 1, 2003   Payable Agents of The Address of Now Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the submission.    FILE NOW!!! FEE Is \$50.00   Make Check Payable to Florida Department of State Due By May 1, 2003   Payable Transport of The Address of Now Registered Agent with a state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.    Paya	City & State		City & State			4. FEI Number			-	
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Entry Code  8. The above named ontity 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   Speaker speaker sprinter name of registered agent and their applicable.   (POTE Registered Agent sognature required when residualing)   DATE	400 SUГ	n. Tampa street Te 2300								
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Signature, typoid or printed name of registered agent and time in apprictable.    FILE NOW!!! FEE IS \$50.00     Make Check Payable to Floridal Department of State	8. The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	registered office of	r registere	ed agent, or both,	in the State of Flor	ida. I am fa	miliar with,	and accept
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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: