2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2003 8:00 am Secretary of State

| 1. Entity Nam | DOCUMENT # L02000003192 . Entity Name DMEGA, LLC | | | | | | | | 04- | 21-200 | 3 9013 | 32 045 ** | **50.00 | |
|--|---|--------------------------|---------------------|---|------------|------------------------------|-------------------------------------|----------------------------------|-------------------------------|-------------------------|------------------|---------------------------------------|-----------------------------|-----------------|
| Principal Place of Business 400 N. TAMPA STREET SUITE 2300 TAMPA FL 33602 | | | | Mailing Address P.O. BOX 1531 FAMPA FL 33601 | | | | 55038330 | | | | | | |
| 2. Principal Place of Business | | | | 3. Malling Address | | | _ | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | ـــو | |
| City & State | | | - | City & State | | 4. FEI N | | | nbêr | | | | oplied For ot Applicable |] - |
| Zip | Country | | | Zip | Coun | try | - • | 5. Certificate of Status Desired | | sired | | \$5.00 Ad Fee Require | ditional ed | |
| | 6. Name | and Address of | Current Reg | Jistered Agent | | Name | | 7. Name a | nd Address of | New Reg | istered | Agent | . مند | 7 |
| GOODWIN, JAMES W 400 N. TAMPA STREET SUITE 2300 | | | | <u>-</u> , | | | Name Street Address (P.O. Box Nu | | Box Number is Not Acceptable) | | | · · · · · · · · · · · · · · · · · · · | |] _] |
| | PA FL 336 | 02 | | | | City | | | | | FL | Zip Cod | e | - |
| SIGNATURE _ | Signature, typed | or printed neme of regio | stered agent and ti | FILE N Make Check Payal | IOW!!! F | FEE IS \$ | 50.00 artmer | when reinstating) | | 1 | DATE | 1.5 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | | 10. | | | ADDI* | TIONS/CI | HANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | • | | | ☐ Delete | | • | 400 | el RAb | b pa street 3360: | | - 300 | ☐ Change | Addition | CR2E083 (10/02) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | •• | | ريع رضاران ي | Delete | | | ≓; `% | | ب نیست | _ 34_, | | Change | Addition | CR |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Deleta | • | | | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | | • | ☐ Change | Addition |] |
| TITLE Name Street address City-St-21P | | | | ☐ Delete | | | | | ` | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | 4. d | | Change | Addition | |
| 11. I hereby co | on this repor | t is true and accu | rate and that | filing does not qualify for my signature shall have powered to execute this | r the exen | nption state legal effect | t as if ma | ade under oal | h; that I am a | tutes. I fu managing | rther cert | ify that the in r or manager | formation of the | |