## FILED Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90045 008 \*\*\*\*50.00

Daytime Phone #

Date

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

| DOCUMENT # 1 02 000003294  |  |  |  | 04-09-2003 90                              | 30.00  |
|--|--|--|--|--|--|
| NELSON SCHWENT, L.L.C. c/o MICHAEL L. NELSON  DO NOT WRITE IN THIS SPACE  2. Principal Place of Business  3. Mailing Address   |  |  |  | 3005                                       | 2172   |
| 3816 SE 13TH AVENUE Suite, Apt. #, etc   |  | 3816 SE 13TH AVENUE Suite, Apt. #, etc.  |  | DO NOT WRITE IN THIS SPACE                 |  |
| City & Sta   | AL, FL   | City & State CAPE CORAL                  | Caustin                                | 4. FEI Number<br>45-0462949                | Applied For Not Applicable                       |
| Zip<br>33904   | Country  | Zip<br>- 33904                           | Country                                | 5. Certificate of Status Desired           | \$5.00 Additional<br>Fee Required                |
|  |  |  | Name 7.                                | Name and Address of Current Regis          | stered Agent                                     |
|  | DO NOT MID                                       | <del></del>                              | ELSON  O Box Number is Not Acceptable) |  |  |
| DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)  3816 SE 13TH AVENUE  IN THIS SPACE   |  |  |  |  |  |
|  | IN THIS SEA                                      | WE.                                      |  |  |  |
| •  |  |  | City<br>CAPE CORAL                     | F  | Zip Code<br>33904                                |
| 8. The above   | named entity submits this statement              | for the purpose of changing              | g its registered office or regi        | stered agent, or both, in the State of Flo | rida.  |
| I am familiar with, and accept the obligations of registered agent.  |  |  |  |  |  |
| SIGNATURE  | Signature, typed or printed name of regist       | tered agent and title if applicable      | <br>e.                                 | <del></del>                                | DATE   |
| FEE IS \$50.00   |  |  |  |  |  |
| Make Check Payable to Department of State DUE BY MAY 1   |  |  |  |  |  |
| 9.   | MANAGING MEMBERS/MA                              | NAGERS                                   | #ITLE                                  |  | 5  |
| NAME   | MANAGING MEMBER<br>MICHAEL L. NELSON             |  | NAME                                   |  | CR2E083B (12/02)                                 |
| STREET ADDRESS<br>CITY-ST-ZIP  | 3816 SE 13TH AVENUE                              |  | STREET ADDRESS<br>CITY ST-ZIP          |  | 083B   |
| TITLE  | MANAGING MEMBER                                  |  | ҭҭ҅                                    |  | 78.29.29.29.29.29.29.29.29.29.29.29.29.29.       |
| NAME<br>STREET ADDRESS   | DEBRA A. NELSON                                  |  | NAME<br>STREET ADDRESS                 |  |  |
| CITY-ST-ZIP = · · =  | 3816 SE 13 TH AVENUE<br> CAPE CORAL, FL 33904 == | در بندن جمينين الراء الراء الراء الراء ا | curyst \$12                            | · · · · · · · · · · · · · · · · · · ·      |  |
| TITLE  | MANAGING MEMBER                                  |  | TITL€<br>NAME                          |  |  |
| STREET ADDRESS   | TINOTHY J. SCHWENT<br>268 CHESTNUT LANE          |  | STREET ADDRESS                         | DO MOTIM                                   |  |
| CITY-ST-ZIP  | JACKSON, MO 63755                                |  | CITY-ST-ZIP<br>TITL€                   | DO NOT WI                                  | <del>(                                    </del> |
| NAMÉ   | MANAGING MEMBER<br>PATRICIA A. SCHWENT           |  | NAME                                   | in this sp                                 | AUE  |
| STREET ADDRESS   | 268 CHESTNUT LANE<br>JACKSON, MO 63755           |  | STREET ADDRESS<br>City-St-Zip          |  |  |
| TITLE  | 3ACK3ON, MO 63/33                                |  | TITLE                                  |  |  |
| NAME<br>STREET ADDRESS   |  |  | NAME<br>STREET ADDRESS                 |  |  |
| CITY-ST-ZIP  |  |  | GITY-51-ZIF                            |  |  |
| TITLE<br>NAME  |  |  | TITLE<br>NAME                          |  |  |
| STREET ADDRESS   |  |  | STREET ADDRESS                         |  |  |
| CITY-ST-ZIP  | E  | Ba-daa-daa-daa-                          | CITY ST-ZIP                            | (2)(i) Florida Clothar II all and a ""     |  |
| 11. I hereby certify that the information supplied with this filling 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 empewered to execute this report as required by Chapter 608, Florida Statutes.  |  |  |  |  |  |
| SIGNATURE: TIMOTHY J. SCHWENT 4/5/2003 573-243-3740  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Davigme Phone #  |  |  |  |  |  |