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

DOCUMENT # L0200004388

1. Entity Name

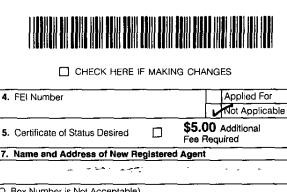
BISHOP 3112, LLC

Principal Place of Business Mailing Address 400 NORTH TAMPA STREET 400 NORTH TAMPA STREET SUITE 2300 SUITE 2300 **TAMPA FL 33602** TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Country 6. Name and Address of Current Registered Agent MOORE, C.A. Street Address (P.O. Box Number is Not Acceptable) **400 NORTH TAMPA STREET SUITE 2300 TAMPA FL 33602** City

FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90080 037 ****50.00

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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.

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

| Due by may 1, 2000                             |                           |                                             |                                         |                           |                  |          |          |  |  |
|------------------------------------------------|---------------------------|---------------------------------------------|-----------------------------------------|---------------------------|------------------|----------|----------|--|--|
| 9.                                             | MANAGING MEMBERS/MANAGERS | 10.                                         |                                         | ADDITIO                   | ONS/CHANGE       | s        |          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delet                   | le TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | mur<br>Stephen H<br>400 ps. Ta<br>Tampa | orton<br>mpa st<br>FL 331 | need, 54<br>(00) | □ Change | Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | □ Delet                   | TITLE NAME STREET ADDRESS CITY-ST-ZIP       |                                         |                           |                  | ☐ Change | Addition |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | ☐ Delet                   | NAME                                        |                                         |                           | a- regions       | ☐ Change | Addition |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | □ Delet                   | e TITLE NAME STREET ADDRESS CITY-ST-ZIP     |                                         |                           |                  | ☐ Change | Addition |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | □ Delet                   | e TITLE NAME STREET ADDRESS CITY-ST-ZIP     |                                         | _                         |                  | ☐ Change | Addition |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | ☐ Delete                  | e TITLE NAME STREET ADDRESS CITY-ST-ZIP     |                                         |                           | <u> </u>         | ☐ Change | 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 embowared to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE