## 2003 LIMITED LIABILITY COMPANY

## FILED Mar 21, 2003 8:00 am

| DOCUL   | MENT # 1 0000                                  |   |  | Secretary of State   |
|---|--|---|--|--|
| WINGSPAN  |  | 0005423   |  | 02-20-2003 90020 007 ****50.00   |
| Principal Place   |  | A Antition of Antistance  |  |  |
| SOO TRINITY LAND<br>ST. PETERSBURG  | VE. #1207<br>G FL 33716                        | Mailing Address<br>C/O PHILLIP A. MCLEON<br>540 FOUNTH STREET NO<br>ST. PETERSBURG FL: 33             | ORTH   |  |
| 2. Principal Plac   |  | 3. Mailing pidress  | 2 <b>E</b> n <b>E</b>  | TO REAL THE THE TANK OF THE  |
| Suite, Apt. #, 6  | etc.   | Class Hear  | 4.7.1  |  |
| City & State  | *  | W&SWO. DA   | - Marie  | CHECK HERE IF MAKING CHANGES  4. FEI Number  |
| Zip   | Country  | Zip <b>211/</b>   | Country  | 81-0601289 Applied F   |
|   | 6. Name and Address of Curre                   | nt Registered Agent   | Country 4  | 5. Certificate of Status Desired 55.00 Additional  |
|   | D, PHILIP A                                    |   | Name   | 7. Name and Address of New Registered Agent  |
| 540 FOURTH STREET NORTH<br>ST. PETERSBURG FL 33701                              |  |   |  | et Address (P.O. Box Number is Not Acceptable)   |
|   |  |   | City   |  |
| . The above name  | ed entity submits this statement!              | for the contract of the contract of   | City   | FI Zip Code  |
| SIGNATURE   | Ure, typed or printed name of registered agent |   |  | W when reinstation 1/19/03   |
| S.Faid  |  | tend title if applicable. (NOTE:  FILE NO  Make Check Payable   | Pogishered Agent signature require   | OATE   |
| 140   | We, typed or printed name of registered egent  | FILE NO Make Check Payable Due  | Pegistered Agent signature require<br>DWILL FEE IS \$50.00<br>a to Florida Departme<br>By May 1, 2003  | ent of State   |
| S.Faid  | tre, typed or printed name of registered agent | FILE NO Make Check Payable Due  | Pogishered Agent signature require   | ed when reinstain() 1/19/03  |
| LE ME REET ADDRESS - Y-ST-ZIP   | We, typed or printed name of registered egent  | Make Check Payable  Due   | Pegistered Agent signature require to Florida Departme By May 1, 2003  | ent of State  ADDITIONS/CHANGES  |
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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: SIGNATURE OF SIGNING MANAGEM MEMBER, MANAGEM, OR AUTHORIZED REPRESENTATIVE