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03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005827

1. Entity Name
THE MILLSAP IGALLERY, L.L.C.

Principal Place of Business	Mailing Address
280 SABAL LAKE DRIVE NAPLES, FL 34104	280 SABAL LAKE DRIVE NAPLES, FL 34104

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2805 W. Estrella St.	2805 W. Estrella St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33629 Country: USA	Zip: 33629 Country: USA

4. FEI Number 371423824 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARD, DAVID T 280 SABAL LAKE DRIVE NAPLES, FL 34104	Name: Ward, David T. Street Address (P.O. Box Number is Not Acceptable): 2805 W. Estrella St. City: Tampa FL Zip Code: 33629

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.

SIGNATURE: [signature], David T. Ward 4/28/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: Managing member NAME: David T. Ward STREET ADDRESS: 2805 W. Estrella St. CITY-ST-ZIP: Tampa, FL 33629	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300017799711 05/01/03--01009--010 **50.00
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CR2E063 (10/02)

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Managing Member, David T. Ward, 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

(813) 289-1712