


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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91263 001 \*\*\*250.00

|   |   |
|---|---|
| DOCUMENT # <b>LO2000007018</b> ✓                      |  |
| 1. Entity Name<br><b>Comp-U-Save PALM HARBOR, LLC</b> |   |

**33032620**

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|   |   |
|---|---|
| 2. Principal Place of Business<br><b>33649 US 19N</b> | 3. Mailing Address<br><b>7229 ST. RD 52</b> |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.                         |

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|  |  |   |  |
|--|--|---|--|
| City & State<br><b>PALM HARBOR, FL</b> | City & State<br><b>BAYONET POINT, FL</b> | 4. FEI Number   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>34</b>                       | Country<br><b>USA</b>                    | Zip<br><b>34667</b>                                       | Country<br><b>USA</b>  |
|  |  | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required  |

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**7. Name and Address of Current Registered Agent**

|   |
|---|
| Name<br><b>RODNEY ROCKWELL</b>  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>8536 BRAXTON DR.</b> |
| City<br><b>HUDSON</b>   |
| State<br><b>FL</b>  |
| Zip Code<br><b>34667</b>  |

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 **RODNEY ROCKWELL**  
Signature, typed or printed name of registered agent and title if applicable.

**4-21-03**

DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

| 9. MANAGING MEMBERS / MANAGERS                     |  |  |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGR</b><br><b>COMP-U-SAVE COMPUTERS, INC.</b><br><b>8536 BRAXTON DR.</b><br><b>HUDSON, FL 34667</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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CR2E083B (12/02)

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: **RODNEY ROCKWELL**

**4-21-03 727 862-9828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #