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

## FILED Feb 26, 2003 8:00 am Secretary of State

01-22-2003 90084 035 \*\*\*\*50 00

|  |  |   |                                    |  |  | ()1-22                                      | .=2003-9          | '0084 035 <i>'</i>             | ኮጥጥጥላ() ()(                                | )       |
|--|--|---|------------------------------------|--|--|---|-------------------|--------------------------------|--|---------|
| DOCU<br>1. Entity Na<br>E. & E. I              |  | 008257  |                                    |  |  | 01 22                                       | 20029             |                                | 30.00                                      | ,       |
| Principal Pia                                  | ace of Business                                      | Mailing Address   |                                    |  |  |   |                   | •                              |  |         |
| 1 '  | DE LEON BLVD.  |   | 110 PONCE DE LEON BLVD.            |  |  |   |                   |                                |  |         |
|  |  |   |                                    | •  | 14 <b>68</b> 041   | <b>                                    </b> | i danii davel e   | City <b>adua</b> t paggar in d | <b>e</b> n <b>a</b> erin t <b>ag</b> a tag | t       |
| 2. Principal Place of Business                 |  | 3. Mailing Address  | 3. Mailing Address                 |  |  |   |                   |                                |  | l       |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.   |                                    | · ·  | CHECK HERE IF MAKING CHANGES                             |   |                   |                                |  |         |
| City & State                                   |  | City & State  | City & State                       |  | 4. FEI Number 45-0472403   Applied For   Not Applied For |   |                   |                                |  |         |
| Zip  | Country  | Zip   | Country                            | . 5.   | Certificati  | of Status Desir                             | / <i>0</i> 1.7    | \$5.00<br>Fee Req              | Not Applica<br>Additional                  | ible    |
| ···········                                    | 6. Name and Address of Curren                        | t Registered Agent  |                                    | · .  |  |   |                   |                                | uired                                      |         |
|  |  | TO GROUND AND THE TOTAL OF THE | Name                               | · ·  | Name and   | Address of No                               | w Registe         | red Agent                      | <del>-,</del>                              |         |
|  | CALL, ESTA M   |   | <u> </u>                           |  | <u> </u>   |   |                   |                                | •  | _       |
| 110 PONCE DE LEON BLVD.<br>ISLAMORADA FL 33036 |  |   | Sireel A                           | Street Address (P.O. Box Number is Not Acceptable) |  |   |                   |                                | ]  |         |
|  |  |   |                                    |  |  | -   |                   |                                |  |         |
|  |  |   | City                               |  |  | ,   |                   | FL Zip C                       | ode  |         |
| 6. The above                                   | named entity submits this statement f                | or the purpose of changing its i  | registered office or               | r registered a                                     | gent or ho   | th in the State o                           |                   |                                | th and sees                                |         |
| the obliga                                     | tions of registered agent.                           | , , ,   |                                    |  | g = , =  | , a.o o.u.o o                               | i i i joile ga. I | CATALOGRAMICA WI               | ui, anu acce                               | Pt [    |
| SIGNATURE                                      | Cia-at-  |   |                                    |  |  |   | -,                |                                |  | - }     |
|  | Signature, typed or printed name of registered agent |   | Registered Agent eignatu           |  | reinstating)   |   | DA                | ME                             |  |         |
|  |  |   | W!!! FEE IS \$                     |  |  |   |                   |                                |  | ĺ       |
|  |  | Make Check Payable  | ι το Florida Dep<br>By May 1, 2003 |  | State  |   |                   | •                              |  |         |
| 9.   | MANAGING MEMBI                                       |   | I 10.                              |  |  | ADDITIO                                     | NS/CHANG          | 050                            |  | _       |
| TITLE  | MGRM   | ☐ Delete  | TITLE                              |  |  | AUDITIO                                     | 437 CHAIN         |                                | Additi                                     | ᆗᇵ      |
| NAME   | MCCALL; ESTA M                                       |   | NAME                               |  |  |   |                   | C) outside                     | . Li Accili                                | ۱۳ ا    |
| STREET ADDRESS                                 | 110 PONCE DE LEON BLVD.                              |   | STREET ADDRESS                     |  |  |   |                   |                                |  | 12      |
| CITY-ST-ZIP                                    | ISLAMORADA FL 33036                                  |   | CITY-ST-ZIP                        |  | •  |   |                   |                                | _  | S S     |
| TITLE<br>Name                                  | MGRM<br>O' Connell, Eileen T                         | ☐ Delete  | TITLE                              |  |  |   |                   | ☐ Chánge                       | ☐ Addition                                 | ₩<br>₩  |
| STREET ADDRESS                                 | 75022 OVERSEAS HWY.                                  |   | NAME<br>Street Address             |  |  |   |                   |                                |  |         |
| CITY-ST-ZIP                                    | ISLAMORADA FL 33036                                  |   | CITY-ST-ZIP                        |  |  |   |                   |                                |  |         |
| mre  |  | Delete  | - nnie =                           |  | ·  |   | ب و معرجة وا      | Change                         | ¬ □ Additio                                | <u></u> |
| NAME<br>STREET + DODGGO                        |  |   | NAME                               |  |  |   |                   |                                |  | ~``}    |
| STREET ADDRESS<br>CITY-ST-ZIP                  |  |   | STREET ADDRESS                     |  |  | •   | •                 |                                |  | ļ       |
| TITLE  |  |   | CITY-ST-ZIP                        |  |  |   |                   |                                |  | _       |
| NAME   |  | Delete  | TITLE<br>NAME                      |  |  |   |                   | ☐ Change                       | Additio                                    | xn      |
| STREET ADDRESS                                 | •  |   | STREET ADDRESS                     |  |  |   |                   |                                |  | -       |
| CITY-ST-ZIP                                    |  |   | CITY-ST-Z7P                        |  |  |   |                   |                                |  | 1       |
| me   |  | ☐ Delete  | TITLE                              |  |  |   |                   | ☐ Change                       | Addition                                   |         |
| NAME<br>Street address                         |  |   | NAME                               |  |  |   |                   |                                |  |         |
| CITY-ST-ZIP                                    |  |   | STREET ADDRESS<br>City-St-Zip      |  |  |   |                   |                                |  |         |
| ITLE   |  | ☐ Delete  | TITLE                              |  |  |   |                   |                                |  |         |
| NAME .   | •  |   | NAME                               |  |  |   |                   | ☐ Change                       | Addition                                   | ١ .     |
| STREET ADDRESS                                 |  |   | STREET ADDRESS                     |  |  |   |                   |                                |  |         |
| CITY-ST-ZIP                                    |  |   | CITY-ST-ZIP                        |  |  |   |                   |                                |  | 1       |

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 eath; 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.

URE: ESTATIONE CONTROLL 1/14/63 305-214-2772 SIGNATURE AND TYPED OR PRESENTATIVE Date Dayting Prices 8