

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90056 037 *****55.00

DOCUMENT # L02000008556

1. Entity Name
X5, LLC



Principal Place of Business 25 N. BELCHER ROAD K-200 CLEARWATER FL 33765	Mailing Address 25 N. BELCHER ROAD K-200 CLEARWATER FL 33765
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20019864



2. Principal Place of Business 2701 E. GRAND RESERVE CIR. Suite, Apt. #, etc. #1521 City & State CLEARWATER, FL Zip 33759 Country USA	3. Mailing Address P.O. Box 4667 City & State CLEARWATER, FL Zip 33758 Country USA
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3642095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CHEREDDY, RAMAMOHAN
25 N. BELCHER ROAD
K-200
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent
Name
RAMAMOHAN CHEREDDY
Street Address (P.O. Box Number is Not Acceptable)
**2701 E. GRAND RESERVE CIR.
#1521
City
CLEARWATER FL Zip Code
33759**

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 *Ram* (NOTE: Registered Agent signature required when reinstating) DATE 01/15/2003

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHEREDDY, RAMAMOHAN 25 N. BELCHER ROAD, K-200 CLEARWATER FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMAMOHAN CHEREDDY 2701 E. GRAND RESERVE CIR. #1521 CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED* **RAMAMOHAN CHEREDDY** 01/15/2003 727-421-0882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)