

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90063 017 *****50.00

DOCUMENT # L02000010968

1. Entity Name

RMM, L.L.C.



Principal Place of Business

250 NORTH ORANGE AVE. SUITE 1100
ORLANDO FL 32801

Mailing Address

250 NORTH ORANGE AVE. SUITE 1100
ORLANDO FL 32801

2. Principal Place of Business

2601 Technology Dr P.O. Box 2807
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
04-3665864

Applied For
☒ Not Applicable

Zip Country
32804 ORANGE

Zip Country
32802 ORANGE

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

MUNNS, RULON
250 NORTH ORANGE AVE. SUITE 1100
ORLANDO FL 32801

Name: Rulon Munns
Address: 2601 Technology Dr.
City: FL Zip Code

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]

(NOTE: Registered Agent signature required when reinstating)

1/27/03

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 NAME ☐ Delete
MGR MUNNS, RANIER
STREET ADDRESS 250 NORTH ORANGE AVE. SUITE 1100
CITY-ST-ZIP ORLANDO FL 32801

TITLE NAME ☒ Change ☐ Addition
2601 Technology Dr
STREET ADDRESS ORLANDO, FL 32804
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGR MUNNS, RULON
STREET ADDRESS 250 NORTH ORANGE AVE. SUITE 1100
CITY-ST-ZIP ORLANDO FL 32801

TITLE NAME ☒ Change ☐ Addition
-Seneasatave
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 Rulon D. Munns

407 578-1334

1/27/03

CR2E083 (10/02)