FROM : Wanda PHONE NO. : 904 475 0867 May. 05 2003 04:08AM P3

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/4/2003-90004-048-$55.00-$55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -6 PM 2:30

DOCUMENT # L02000011351

1. Entity Name
CHARACTERS OF PERDIDO KEY, LLC

Principal Place of Business	Mailing Address
14110 PERDIDO KEY DR. PENSACOLA FL 32507	14110 PERDIDO KEY DR. PENSACOLA FL 32507

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ~~71-0877?3309~~ 01-0677028 ☐ 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
LAMB, DAMIEN 14110 PERDIDO KEY DR. PENSACOLA FL 32507	Name LAWRENCE J. BOOK Street Address (P.O. Box Number is Not Acceptable) 14110 PERDIDO KEY DR J-1 City PENSACOLA, FL FL Zip Code 32507

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 Lawrence J Book 3-31-03
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	MEM / MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOOK, GALE		NAME		
STREET ADDRESS	950 GREEN HILLS RD.		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		CITY-ST-ZIP		
TITLE	MEM / MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOOK, LAWRENCE J		NAME		
STREET ADDRESS	950 GREEN HILLS RD.		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X Lawrence J Book LAWRENCE J. BOOK 3-31-03 850 492 2936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)