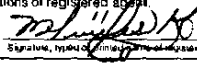
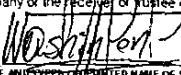


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90273 008 ****50.00

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

DOCUMENT # L02000012098			
1. Entity Name MWLS, LLC			
Principal Place of Business 160 MALABAR ROAD, SUITE 102 PALM BAY, FL 32907		Mailing Address 160 MALABAR ROAD, SUITE 102 PALM BAY, FL 32907	
2. Principal Place of Business 190 MALABAR RD SW Suite Apt. #, etc. 102		3. Mailing Address Suite, Apt. #, etc.	
City & State PALM BAY FL		City & State 	
Zip 32907		Country 	
4. FEI Number 41-2042661		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent HERCULES, MARLA 160 MALABAR ROAD, SUITE 102 PALM BAY, FL 32907		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 190 MALABAR ROAD SW SUITE # 102 City PALM BAY FL Zip Code 32907	
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  DATE 4/29/03 (NOTE: Registered Agent Signature required when registering)			
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	P HERCULES, MARLA 160 MALABAR ROAD, SUITE 102 PALM BAY, FL 32907 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 190 MALABAR ROAD SW SUITE # 102 PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUAREZ, WASHINGTON A 160 MALABAR ROAD, SUITE 102 PALM BAY, FL 32907 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 190 MALABAR ROAD SW SUITE # 102 PALM BAY FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HERCULES, MARLA I 160 MALABAR ROAD, SUITE 102 PALM BAY, FL 32907 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 190 MALABAR RD SW SUITE # 102 PALM BAY FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes. SIGNATURE:  DATE 4/29/03 321-724-5050 SIGNATURE AND TYPE OF OFFICIAL NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2ED83 (10/02)