2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

003149

DOCUMENT # L02000012277

1. Entity Name
PRINCETON (FIVE) EXCHANGE ACCOMODATORS, LLC

FILED
03 JUL 16 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~230 JOHN KNOX ROAD SUITE TWO~~	~~230 JOHN KNOX ROAD SUITE TWO~~
~~TALLAHASSEE FL 32303~~	~~TALLAHASSEE FL 32303~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1423 N. BRONOUGH St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE	City & State
Zip: 32303 / Country	Zip / Country

4. FEI # — ☐ 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
GAY, ARTHUR C	Name
~~230 JOHN KNOX ROAD SUITE TWO~~	Street Address (P.O. Box Number is Not Acceptable): 1423 N. BRONOUGH St
~~TALLAHASSEE FL 32303~~	City: TALLAHASSEE FL Zip Code: 32303

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ARTHUR C. GAY 1423 N. BRONOUGH St TALLAHASSEE FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 05/06/03--01001--002 **1170.00
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
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

CR2E083 (10/02)

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 Arthur C. Gay — 5/02/03 — 850/386-8625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #