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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400020319344
06/02/03--01077--005 **50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012478

1. Entity Name
RANDOM PROPERTIES LLC

Principal Place of Business	Mailing Address
5640 HARBORSIDE DRIVE TAMPA, FL 33615	5640 HARBORSIDE DRIVE TAMPA, FL 33615

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3930 75th St. West	3930 75th St. West
Suite, Apt. #, etc. #1605	Suite, Apt. #, etc. #1605
City & State Bradenton, FL	City & State Bradenton, FL
Zip 34209 Country Manatee	Zip 34209 Country Manatee

4. FEI Number — ☑ 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
PIERCE, JOHN D 5640 HARBORSIDE DRIVE TAMPA, FL 33615	Name John D. Pierce Street Address (P.O. Box Number is Not Acceptable) 3930 75th St. West #1605 City Bradenton FL Zip Code 34209

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE May 25, 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 PIERCE, JOHN DAVID 5640 HARBORSIDE DRIVE TAMPA, FL 33615	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIERCE, JOHN DAVID 3930 75 St. West, #1605 Bradenton, FL 34209	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANNELL, JASON 4427 BERWICK DRIVE STERLING HEIGHTS, MI 483103118	☐ 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] John D. Pierce 5/31/03 941-792-1334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #