

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000013213

FILED
Apr 07, 2003
Secretary of State

Entity Name: CORVUS PARTNERS, LLC

Current Principal Place of Business:

2920 HARBOR VIEW AVENUE WEST
SUITE 100
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

2920 HARBOR VIEW AVENUE WEST
SUITE 100
TAMPA, FL 33611

New Mailing Address:

FEI Number: 30-0081419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHASTEEN, PHILIP M
100 NORTH TAMPA STREET
SUITE 1800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: STEWART NAZZARO,
Address: 2128 NORTH 21ST ROAD
City-St-Zip: ARLINGTON, VA 22201 US

Title: MGR () Delete
Name: SHASTEEN, MONICA L
Address: 2920 HARBOR VIEW AVENUE WEST
City-St-Zip: TAMPA, FL 33611 US

Title: MGR (X) Delete
Name: NAZZARO, NED
Address: 1105 SOUTH 17TH STREET
City-St-Zip: ARLINGTON, VA 22202

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KASI V. SRIDHARAN,
Address: 1918 DUNLOE CIRCLE
City-St-Zip: DUNEDIN, FL 34698 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MONICA L. SHASTEEN

MGR

04/07/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date