FILED

03 MAY -9 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-12-2003 90011 032 ****50.00
04-28-2003 91002 012 ****55.00

30062939

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013644

1. Entity Name
SICAR GROUP AMERICA, LLC.

Principal Place of Business	Mailing Address
4561 34TH ST SW ORLANDO, FL 32811	1500 LEDGEMONT LANE CLERMONT, FL 34711

2. Principal Place of Business	3. Mailing Address
	4561 34th St. S.W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ORLANDO
Zip / Country	Zip: FL / Country: 32811

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 37-1429413 — Applied For / Not Applicable

5. Certificate of Status Desired X — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORBIN, KENNETH D
1500 LEDGEMONT LANE
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City — FL — Zip Code

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: Kenneth D. Corbin — 4-24-2003
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	MGRM	☐ Delete	TITLE	President	☒ Change ☐ Addition
NAME	CORBIN, KENNITH		NAME	Kenneth Corbin	
STREET ADDRESS	1500 LEDGEMENT LN		STREET ADDRESS	1500 Ledgemont LANE	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	ClerMont, FL. 34711	
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: Kenneth D. Corbin — 4-24-2003 — 407-996 4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #