

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000017162

FILED  
Feb 28, 2003  
Secretary of State

Entity Name: SMR CONCESSIONS, L.L.C.

## Current Principal Place of Business:

9168 BALMORAL MEWS SQUARE  
WINDERMERE, FL 34786

## New Principal Place of Business:

## Current Mailing Address:

1634 RIVEREDGE ROAD  
OVIEDO, FL 32766

## New Mailing Address:

FEI Number: 05-0521836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

EDWARDS, MOINQUE M ESQ.  
C/O EDWARDS, VALDEZ & ELLIS, L.L.C.  
1302 EAST ROBINSON STREET  
ORLANDO, FL 328012178 US

## Name and Address of New Registered Agent:

EDWARDS, MONIQUE M ESQ.  
3114 GULFSTREAM ROAD  
ORLANDO, FL 32805 US

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: MONIQUE M. EDWARDS

02/28/2003

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: NABBIE, TYRONE  
Address: 9168 BALMORAL MEWS SQUARE  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete  
Name: PRENDERGAST, MAXINE  
Address: 1634 RIVEREDGE ROAD  
City-St-Zip: OVIEDO, FL 32766

## ADDITIONS/CHANGES:

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: TYRONE NABBIE

MR.

02/28/2003

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