2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

<u> </u>			- 10		 1					
DOCUMENT # L02000019389 1. Entity Name						Control Contro				
RICE & G	raus, p.L.					03 MAY -2 PM I2: 20				
		·		GOO WE		U3 MAY -	-2 PM	2: 20		
Principal Place of Business		Mailing Address			SECRETARY OF STATE					
1900 MAIN ST., SUITE 300 SARASOTA FL 34236		1900 MAIN ST., SUITE 30 SARASOTA FL 34236			SECKETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Nur	nber		 	plied For LApplicable	-	
Zip	· Country	Zip	Zip Count		5. Certifica	5. Certificate of Status Desired		itional		
	6. Name and Address of Curre	nt Registered Agent			7. Name a	nd Address of New Re		•		1
DICE MELICOA				Name						
RICE, MELISSA 1900 MAIN ST., SUITE 300 SARASOTA FL 34236				Street Ac	ddress (P.O. Box Nun	nber is Not Acceptable)				
OAII	A001A 1 E 07200			City			FL	Zip Code)	
O The shave	named entity submits this statemen	t for the purpose of changing it	te register	ad office or	registered agent or	noth in the State of Flor		miliar with	and accept	-
	ions of registered agent.	tion the purpose of changing in	is register	sa office of	rogisiored agent, or t	Sour, in the state of Fron	ida. Tamid	initial trials	and doospt	
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	TE: Registere	d Agent signatu	re required when reinstating)		DATE			1
		FILE N	IOW!!!	FEE IS S	50.00			10,40		1
		Make Check Payal		_						}
		Di	ue By Ma	ay 1, 2003	3					
9.	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/				12
TITLE NAME	Melissa K Rile 1900 Main Street, Suits 300		TITL		3	300017896403		□ Change 1.=:	Addition Addition	CR2E083 (10/02)
STREET ADDRESS	1900 Main Stree	+, swt 300	STR		05/0			**50.00	83	
CITY-ST-ZIP	SAMSOHA FL	MASSHA FL 34236		-ST-ZIP	NA	no bet				
TITLE				E	Member Kinderly L. Graus 1900 Main Street, Suite: SARASONA FL 34336		Change	Addition	8	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS	Ville War	in Street.	Suite	300		
CITY-ST-ZIP				-ST-ZIP	SAMASO	YA FL 3	1524	ρ O		
TITLE	☐ Delete		TITL					Change	Addition	
NAME			NAM							
STREET ADORESS CITY-ST-ZIP				ET ADDRÉSS -ST-ZIP						
TITLE		☐ Delete	TITL	E				Change	Addition	
NAME .			NAM	E						
STREET ADORESS				ET ADDRESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Пп.		-\$T-ZIP				☐ Change	Addition	-
NAME	Delete		TITL					Change	☐ Addition	İ
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						1
TITLE		☐ Delete	TITL	1				Change	☐ Addition	
NAME STREET ADDRESS			NAM Stre	E Et addréss						
CITY-ST-ZIP				-ST-ZIP						
11. I hereby	certify that the information supplied v	with this filing does not qualify f	or the exe	mption stat	ed in Section 119.07(3)(i), Florida Statutes. I	further certif	y that the in	formation	1
indicated limited lia	on this report is true and accurate a bility company or the receiver or trus	ind that my signature shall have stee empowered to execute thi	s report as	e legal effec s required b	or as it made under or by Chapter 608, Floric	aur; mai i am a managi Ia Statutes.	ng member	ог таладеі	OI IUB	-