2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

4/21

FILED May 12, 2003 8:00 am Secretary of State

04-21-2003 90407 037 ****50.00

DOCUMENT # L02000019954 1. Entity Name FIRST HOUSE, L.L.C. 44001310 Principal Place of Business Mailing Address P.O. BOX 2005 P.O. BOX 2035 **DUNEDIN FL 34697 DUNEDIN FL 34697** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number. Not Applicable \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GASSMAN, ALAN S Street Address (P.O. Box Number is Not Acceptable) 1245 COURT STREET, SUITE 102 **CLEARWATER FL 33756** City 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. sture, typed or printed hame of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 TITLE ☐ Change ☐ Addition TITLE ☐ Delete ERNST, BRUCE R NAME NAME P.O. BOX 2035 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34697** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME -STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition `Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Addition 🖰 🗀 Delete TITLE ☐ Change TITLE ! NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 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 effect 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 effect the same legal effect as if made under oath; that I am a managing member or manager of the

SIGNATURE:

Daytime Phone #