Apr-11-2003 05:11pm From-CPA OFFICE 5855860

UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90040 017 ****50.00

DOCUMENT # L02000020142

1. Entity Name
3300 NORTH TRAIL, LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
8907 GREY OAKS AV.	8907 GREY OAKS AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34238 Country: USA	Zip: 34238 Country: USA

4. FEI Number: 61-1423170 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MR/MRS SAMUEL KLAFTER
Street Address (P.O. Box Number is Not Acceptable): 8907 GREY OAKS AVE.
City: SARASOTA FL Zip Code: 34238

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: Linda F. Klafter DATE
Signature, type or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MGRM SAMUEL KLAFTER 8907 GREY OAKS AV. SARASOTA, FL 34238	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MGRM LINDA KLAFTER 8907 GREY OAKS AV. SARASOTA, FL 34238	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	

DO NOT WRITE IN THIS SPACE

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.

LINDA KLAFTER
SIGNATURE: Linda F. Klafter 4/13/03 941-966-5791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #