## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
01-27-2003 90082 035 \*\*\*\*50.00

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Zip 383-01 Country 355-01 Country 355-01 Country 355-01 Street Address of Status Desired Status					21830		DOCU 1. Entity Na MRK LLC
Suite, Apt. #, etc.  Suite, Ap		A MANUAL PLI SELES PRIN SELES	3. Mailing Address 100 Second Ave S Suite, Apt. 4, etc.			AVENUE SOUTH, STE. 704	100 SECOND
St. Poters burs FL St. Peters burs FL St. Poters burs FL Sp. On 9 3990   Not. Poters Burs FL St. Poters Burs FL St. Name and Address of Current Registered Agent.   S. Certificate of Status Desired   \$5.00 Additional Peters Poters Florida Agent.   St. Name and Address of New Registered Agent.   Name   B. Caray G. Lobos    GIBBS, B. GRAY GIBSS & MCCURLEY, P.A. 100 SECOND AVENUE SOUTH, STE. 704  St. Peters Burs FL 33701   Street Address (P.O. Box Number is Not Acceptable)    ADDITIONS/CHANGES   Street Address (P.O. Box Number is Not Acceptable)    ADDITIONS/CHANGES   Street Address (P.O. Box Number is Not Acceptable)    ADDITIONS/CHANGES   Street Address (P.O. Box Number is Not Acceptable)    ADDITIONS/CHANGES   Street Address (P.O. Box Number is Not Acceptable)    ADDITIONS/CHANGES   Street Address (P.O. Box Number is Not Acceptable)    ADDITIONS/CHANGES   Street Address (P.O. Box Number is Not Acceptable)    ADDITIONS/CHANGES   Street Address (P.O. Box Number is Not Acceptable)    ADDITIONS/CHANGES   Street Address of New Registered Agent with a street Address (P.O. Box Number is Not Acceptable)    ADDITIONS/CHANGES   Street Address (P.O. Box Number is Not Acceptable)    ADDITIONS/CHANGES   Street Address of New Registered Agent with a street Ad		CHECK HERE IF MAKING CHANGES				second Ave S	100 Suite, Apt
GIBBS, B. GRAY GIBBS & MCCURLEY, PA  100 SECOND AVENUE SOUTH, STE. 704  ST. PETERSBURG FL 33701  Sirvest Address (P.O. Box Number is Not Acceptable)  ACC 17—Hh Ave NE  City SL. Petersburg FL 332Code  City SL. Petersburg FL 332Code  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 the obligations of registered abent.  SIGNATURE  Stynaure, typed or of registered agent and tries if applicable.  PRILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9.  MANAGING MEMBERS/MANAGERS  TITLE  MGR GIBBS, B. GRAY  100 SECOND AVENUE SOUTH, STE. 704  STREET ADDRESS  CITY-ST-2IP  TITLE  MAKE  STREET ADDRESS  CITY-ST-2IP  Change  Change  Change  STREET ADDRESS  CITY-ST-2IP  Change  Change  Change  STREET ADDRESS  CITY-ST-2IP  Change  Change  Change  STREET ADDRESS  CHANGE  CHANGE  CHANGE  STREET ADDRESS  CITY-ST-2IP  CHANGE  CHANG	oplied For ot Applicable ditional d	5. Certificate of Status Desired 5.00 Additional Fee Required	FL	Country	St Petersk 335701	elers burg FL Country LUS	Sto P
SIGNATURE  Signature. Typed or physical agent and title if applicable.    Change   Delete   D		Cray Gibbs P.O. Box Number is Not Acceptable)  17-th Ave NE Petersburg FL 310 Code	at Address (P.	Stree	,	BS, B. GRAY BS & MCCURLEY, P.A. SECOND AVENUE SOUTH, STE. 70 PETERSBURG FL 33701	GIB 100 ST.
Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  TITLE MAME GIBBS, B. GRAY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 TITLE  Delette TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  Change Change	and accept	hhen reinstating) DATE	SSO.00	E: Rogistaned Agent sig	de if applicable. (NOTE:	ons on egistered agent.	the obligat
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TIME THE	☐ Addition	☐ Change ☐		TITLE NAME STREET ADORESS	☐ Deleta		NAME STREET ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the Information supplied with this filling 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 content of the receiver or instead and section 119.07(3)(ii). 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 section 119.07(3)(ii).	Addition			NAME STREET ADORESS CITY-ST-ZIP		,	NAME STREET ADDRESS CITY-ST-ZIP