2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003
Secretary of State

DOCUMENT# L02000022414

Entity Name: SINGER ISLAND FINANCE COMPANY, LLC

Current Principal Place of Business:

P.O. BOX 3913
TAMPA, FL 33601

New Principal Place of Business:

220 SOUTH FRANKLIN STREET
TAMPA, FL 33602

Current Mailing Address:

P.O. BOX 3913
TAMPA, FL 33601

New Mailing Address:

FEI Number: 01-0742359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERRILL, S. TODD ESQ.
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: GARDNER, J. STEPHEN
Address: 220 SOUTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Change (X) Addition
Name: NEWKIRK, THOMAS R
Address: 100 S. ASHLEY STREET, SUITE 1650
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Change (X) Addition
Name: GIORDANO, JOHN N
Address: 220 SOUTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

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: J. STEPHEN GARDNER MGRM 05/29/2003

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