2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State
04-28-2003 90082 008 ****50.00

DOCUMENT # L02000022706

1. Entity Name
354 A1A LLC

55052699

[redacted]

Principal Place of Business	Mailing Address
354 S. ATLANTIC AVENUE ORMOND BEACH FL 32176	1774 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0640997 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUDIANSKY, MARK H 1774 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE: GEN MGR NAME: MARK BUDIANSKY STREET ADDRESS: 1774 JOHN ANDERSON DR CITY-ST-ZIP: ORM BCH FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: MEMBER NAME: RONALD FREDERICK STREET ADDRESS: 25 GOLDEN OAKS CIRCLE CITY-ST-ZIP: ORM BCH FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: MEMBER NAME: CLAUDE GARDENER STREET ADDRESS: 120 S PALMETTO AVE CITY-ST-ZIP: DAY BCH FL 32114 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: MEMBER NAME: SHERIFF GUINDI STREET ADDRESS: 730 S ATLANTIC AVE CITY-ST-ZIP: ORM BCH FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: MEMBER NAME: HUGH UPTON STREET ADDRESS: 400 S ATLANTIC CITY-ST-ZIP: ORM BCH FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (10/02)

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.

SIGNATURE: SIGNATURE REQUIRED — 4/22/03 — 386 253-8565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #