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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2003 8:00 am Secretary of State DOCUMENT # L02000022715 04-11-2003 90012 044 ****50.00 1. Entity Name 10-2002, LLC Principal Place of Business Mailing Address 707 SOUTH WASHINGTON BLVD. 707 SOUTH WASHINGTON BLVD. SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address 8702 State Road 52 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 4ud5on 06-1 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOSCH, JOHN E ESQ 707 SOUTH WASHINGTON BLVD. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 Zip Code City 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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM CR2E083 (10/02) TITLE ☐ Change TITLE ☐ Delete 1099 Management Company, LIC NAME 707 South Washington STREET ADDRESS STREET ADDRESS Sarasota, FL 34236 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition William A. Small III NAME NAME 4587 Devonshire Blvd. STREET ADDRESS STREET ADDRESS Palm_Harbor_FL 34685 CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 execute this report as required by Chapter 608, Florida Statutes.