2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90087 028 ****55.00

DOCUMENT # L02000024069

1. Entity Name
SKYWAY CAPITAL PARTNERS, LLC

Principal Place of Business	Mailing Address
720 S WILLOW AVE TAMPA FL 33606 US	720 S WILLOW AVE TAMPA FL 33606 US

2. Principal Place of Business	3. Mailing Address
100 N. Tampa St.	100 N. Tampa St.
Suite, Apt. #, etc. #2700	Suite, Apt. #, etc. #2700
City & State Tampa, FL	City & State Tampa FL
Zip 33602 Country USA	Zip 33602 Country USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3671412 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRINO, BRYAN L 720 S WILLOW AVE TAMPA FL 33606	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] Bryan L Crino President 3/28/03
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 NAME STREET ADDRESS CITY-ST-ZIP	President Bryan L. Crino 720 S Willow Ave Tampa FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Scott N. Feuer 717 Delaware St. Tampa FL 33602	☐ 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
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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] Bryan L. Crino, President 3/28/03 (813) 318-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #