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

SIGNATURE

| DOCUMENT # L02000024151  1. Entity Name NEWTON CORNER, LLC |                                                                                                                             |                                                            |                            |                       |                                                     | FILED  BANAY 22 PM I::                          | 36                                |                               |                 |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------|-----------------------|-----------------------------------------------------|-------------------------------------------------|-----------------------------------|-------------------------------|-----------------|
| Principal Place<br>14 WEST CENTR<br>ORLANDO FL 328         | RAL BOULEVARD                                                                                                               | Mailing Address<br>514 WEST CENTRAL BO<br>ORLANDO FL 32801 | 514 WEST CENTRAL BOULEVARD |                       |                                                     | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA      |                                   |                               |                 |
| 2. Principal Pla Suite, Apt. #                             |                                                                                                                             | Po Bx 23                                                   |                            |                       |                                                     | CHECK HERE IF MAKING CHANGES                    |                                   |                               |                 |
| City & State                                               |                                                                                                                             | City & State                                               | City & State Offends F     |                       |                                                     | nber<br>2-0569609                               |                                   | Applied For<br>Not Applicable | _               |
| Zip                                                        | Country                                                                                                                     | Zip<br>3280Z                                               | Count                      | try<br>USA            |                                                     | ate of Status Desired                           | \$5.00 A<br>Fee Requi             | dditional                     | 1               |
| •                                                          | 6. Name and Address of Curren                                                                                               | t Registered Agent                                         |                            |                       | 7. Name a                                           | nd Address of New Register                      | red Agent                         |                               | ]               |
| F&L                                                        | CORP                                                                                                                        |                                                            |                            | Name                  |                                                     |                                                 |                                   |                               |                 |
| 200 LAURA STREET 3RD FL<br>JACKSONVILLE FL 32201-0240      |                                                                                                                             |                                                            |                            | Street Ad             | dress (P.O. Box Num                                 | ber is Not Acceptable)                          |                                   |                               | -               |
|                                                            |                                                                                                                             |                                                            |                            | City                  |                                                     |                                                 | FL Zip Co                         | de                            | -               |
| the obligation                                             | amed entity submits this statement fins of registered agent.                                                                |                                                            |                            |                       | egistered agent, or be a required when reinstating) |                                                 | am familiar with                  | , and accept                  |                 |
|                                                            | •                                                                                                                           | Make Check Pay                                             | Due By Ma                  | orida Depa            |                                                     |                                                 |                                   | ····                          |                 |
| 9.                                                         | MANAGING MEMB                                                                                                               |                                                            | 10.                        |                       | Maria a                                             | ADDITIONS/CHANG                                 |                                   | /_                            | 1               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                      | MAA FOME MEM                                                                                                                | Delete                                                     |                            | ET ADDRESS<br>-ST-ZIP | MARKKIN<br>514 W. CI                                | NO MEMBER.<br>14CA<br>15NTALBLVI<br>10, FLA 328 | □ Change<br>><br>8-01             | Addition                      | CR2E083 (10/02) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                      | □ Delete                                                                                                                    |                                                            |                            |                       | 2<br>05/2                                           | 200019741932<br>05/22/0301068007 **500.00       |                                   |                               | CR2             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                      |                                                                                                                             | □ Delete                                                   |                            |                       |                                                     |                                                 | ☐ Change                          | ☐ Addition                    | 7               |
| TITLE NAME STREET AODRESS CITY-ST-ZIP                      |                                                                                                                             | ☐ Delete                                                   |                            |                       |                                                     |                                                 | Change                            | ☐ Addition                    | -<br> <br>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             |                                                                                                                             | □ Delete                                                   |                            | I .                   |                                                     |                                                 | ☐ Change                          | ☐ Addition                    |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                      |                                                                                                                             | ☐ Delete                                                   |                            | Į.                    | -                                                   |                                                 | ☐ Change                          | Addition                      |                 |
| 11. I hereby cer indicated or                              | rtify that the information supplied wit<br>n this report is true and accurate and<br>lity company or the receiver or truste | i that my signature shall ha                               | for the exer               | nption state          | as if made under oa                                 | th: that I am a managing mer                    | certify that the<br>mber or manag | information<br>per of the     | 1               |