## FILED Mar 03, 2003 8:00 am Secretary of State 01-23-2003 90343 002 \*\*\*\*50.00

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UNIFORM	BUSINESS	REPO	RT (U	BR)
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1. Entity Nam	ne		24809:	E . W						
Principal Plac	e of Business	3	Mailing Address		.l	1				
9485 REGENCY BOULEVARD. SUITE 460 JACKSONVILLE FL 32225		9485 REGENCY BOULEVARD, SUITE 460 JACKSONVILLE FL 32225								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHEC	K HERE IF MAKIN	G CHANGES		•		
City & State		City & State		4. FEI Number 5 2 - 2 -	38:1716	· ·	oplied For ot Applicable	}		
Zìp		Country Zip Co		Cour	ntry	5. Certificate of Status I		\$5.00 Ad Fee Require	ditional	
	6. Name	and Address of Current	Registered Agent			7. Name and Address	of New Registered	Agent		]
GAR	NETT JÁCK	مصيد محسود ص (ا		<del>2,22</del> 2	Name	<del></del>	=/- <del>4_3</del> 5-2=: -			
GARNETT, JACK L 9485 REGENCY BOULEVARD, SUITE 480 JACKSONVILLE FL 32225				Street Address (	P.O. Box Number is Not Ad	cceptable)				
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					City		Fl	Zip Cod	е	\
	named entity tions of registe		the purpose of changing its	register	ed office or register	ed agent, or both, in the St	ate of Florida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)	DATE			
. :	• •		Make Check Payabi	le to Fl		nt of State				İ
			Du	e By Mi	ay 1, 2003		<u> </u>			
9.		MANAGING MEMBE		6 By Mi	By 1, 2003	ADI	DITIONS/CHANGES	3		_
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I hereby certify that the information supplied with this filling 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 eath; 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. 9048558800

SIGNATURE: \_\_\_

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE