

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

04-25-2003 90749 037 ****50.00

DOCUMENT # L02000025282

1. Entity Name

MS INVESTMENTS, L.L.C.



Principal Place of Business

**457 LAKE HOWELL ROAD
MAITLAND FL 32751**

Mailing Address

**457 LAKE HOWELL ROAD
MAITLAND FL 32751**

2. Principal Place of Business

457 LAKE HOWELL ROAD

3. Mailing Address

457 LAKE HOWELL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MAITLAND, FL

City & State
MAITLAND, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
32751

Country
SEMINOLE

Zip
32751

Country
SEMINOLE

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

6. Name and Address of Current Registered Agent

**MILLER, SOUTH & MILHAUSEN, P.A.
2699 LEE ROAD, SUITE 120
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name
STARKEY, KARLA H.
Street Address (P.O. Box Number is Not Acceptable)
457 LAKE HOWELL ROAD

City
MAITLAND FL Zip Code
32751

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

Karla Hanning Starkey
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-22-03

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARKEY, KARLA H 457 LAKE HOWELL ROAD MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARGIO, NINA H 457 LAKE HOWELL ROAD MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARKEY, CRAIG D 457 LAKE HOWELL ROAD MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARGIO, JOSEPH A 457 LAKE HOWELL ROAD MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Karla Hanning Starkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-22-03

Date

407-571-4080

Daytime Phone #

CR2E083 (10/02)