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

SIGNATURE:

## Secretary of State 08-29-2003 90049 006 \*\*\*\*50.00 DOCUMENT # 102000025450 MERGANTILE COMMERCIAL CAPITAL, LLC Principal Place of Business Mailing Address 342 DEVON PLACE 342 DEVON PLACE HEATHROW FL 32746 HEATHROW FL 32746 2. Principal Place of Business 3. Mailing Address 2200 Lucien Was 2200 Lucien Way Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite 4. FEI Number City & State Applied For 02-065729 Not Applicable Maitland \$5.00 Additional usA 5. Certificate of Status Desired 🗻 🔲 👑 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Christopher-Hurn-MARTIN: MIRTHA V CPA-Street Address (P.O. Box Number is Not Acceptable) 1321 ARBOR VISTA LOOP #125 LAKE MARY FL 32746 City Zip Code 32746 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 08-26-03 SIGNATURE (NOTE: Registered Agent signature required when reinstating) · . FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 я. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM Addition Delete TITLE MGKM Hurn, Christopler 1672 Kersky Grele Heathraw, FL 32746 **Change** CR2E083 (4/03) HURN, CHRISTOPHER NAME NAME 342 DEVON PLACE STREET ADORESS STREET ADDRESS CITY-ST-ZIP **HEATHROW FL 32748** CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Channe Addition LONGSTAFF, GEOFFREY NAME NAME STREET ADDRESS 634 MOURNING DOVE CIRCLE STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ 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 TITLE ☐ Delete 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(3Xi), 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 AND EXCESS OR PRINTED NAME OF GIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Sep 11, 2003 8:00 am

08-26-03