


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0075783

DOCUMENT # L02000027896		
1. Entity Name <b>DRIVEN2WIN, L.L.C.</b>		

**FILED**

03 JUL 30 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>3545-1 ST. JOHNS BLUFF ROAD S. SUITE 338 JACKSONVILLE FL 32224</b>	Mailing Address <b>3545-1 ST. JOHNS BLUFF ROAD S. SUITE 338 JACKSONVILLE FL 32224</b>
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2. Principal Place of Business <b>450-106 STATE ROAD 13 NORTH Suite, Apt. #, etc. # 273</b>	3. Mailing Address <b>450-106 STATE ROAD 13 NORTH Suite, Apt. #, etc. # 273</b>
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City & State <b>JACKSONVILLE, FL</b>	City & State <b>JACKSONVILLE FL</b>
Zip <b>32259-3863</b>	Zip <b>32259-3863</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>06-1653516</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ORANTES, CESAR P. 3545-1 ST. JOHNS BLUFF ROAD S. SUITE 338 JACKSONVILLE FL 32224</b>
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7. Name and Address of New Registered Agent	
Name <b>CESAR P. ORANTES</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>450-106 STATE ROAD 13 NORTH # 273</b>	
City <b>JACKSONVILLE</b>	Zip Code <b>FL 32259-3863</b>

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  **CESAR P. ORANTES** **JULY 24-2003**  
Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) / DATE

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By <del>May 1, 2003</del> SEPT 24, 2003</b>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT CESAR P. ORANTES 450-106 STATE RD 13 NORTH #273 JACKSONVILLE, FL 32259-3863</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER TERESA A. ORANTES 450-106 STATE RD 13 NORTH #273 JACKSONVILLE, FL 32259-3863</b> <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
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 <b>900021936229 07/30/03--01021--011 **\$5.00</b>
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)(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:  **CESAR P. ORANTES** **7/24/03** **904-992-8997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)