## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # 1020000 1. Entity Name RMG 03 SEP 25 PH 1: 27 DO NOT WRITE IN THIS SPACE 300023543293 10/03/03-01045-001 \*\*50.00 Principal Place of Business
4240 PASSAGE 3. Mailing Address PO. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 3882355 City & State City & State Applied For 石 SEMINOL **EMINO** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent SIMMONS DO NOT WRITE IN THIS SPACE 110005 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 Signature, typed or printed name of registered agent and title if applicable DATE FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS / MANAGERS 9. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this tiling 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** 

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #