

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91811 004 ****50.00

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

DOCUMENT # L02000030719 1. Entity Name 2510 GLEASON PARKWAY, LLC																													
Principal Place of Business 4210 DEL PRADO BOULEVARD CAPE CORAL, FL 33904			Mailing Address 4210 DEL PRADO BOULEVARD CAPE CORAL, FL 33904																										
2. Principal Place of Business 2510 Gleason Pkwy. Suite, Apt. #, etc.		3. Mailing Address 2510 Gleason Pkwy. Suite, Apt. #, etc.																											
City & State Cape Coral, FL Zip Country		City & State Cape Coral, FL Zip Country		4. FEI Number 57-1138539 Applied For Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ CHECK HERE IF MAKING CHANGES																									
6. Name and Address of Current Registered Agent WOOD, KENNETH C 3624 DEL PRADO BOULEVARD SOUTH CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 info if applicable (NOTE: Registered Agent's Signature Required when certifying) DATE																													
FILE NOW! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">☐ Delete</td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	☐ Delete		NAME			STREET ADDRESS			CITY - ST - ZIP			10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">☐ Change ☒ Addition</td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	☐ Change ☒ Addition		NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 606, Florida Statutes.																													
SIGNATURE: <u>Kenneth C Wood</u> 4/29/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													

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CR2E083 (10/02)