

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90013 047 ****50.00

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

DOCUMENT # L02000030996 1. Entity Name KEEP THE CHANGE, LLC			
Principal Place of Business 921 CENTER STREET #4 "WINDWARD COTTAGE" KEW WEST, FL 33041 US		Mailing Address 342 11TH STREET SE WASHINGTON, DC 20003 US	
2. Principal Place of Business 2400 NE 5TH AVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Wilton Manors Zip 33305		City & State Zip Country	
4. FEI Number 03-0493165		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANCE, ROGER A 921 CENTER STREET #4 "WINDWARD COTTAGE" KEY WEST, FL 33041		7. Name and Address of New Registered Agent Name 2400 NE 5TH AVE Wilton Manors City FL Zip Code 33305	
8. The above named entity admits 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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and use if applicable.</small>		DATE 4-30-2003	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCE, ROGER A 342 11TH STREET SE WASHINGTON, DC 20003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bill Gillogly 2400 NE 5TH AVE, 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 file this report as required by Chapter 608, Florida Statutes.			
SIGNATURE <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 04/30/03	

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