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

## DOCUMENT # L02000031370

LAND O'LAKES COMMERCIAL CENTER, LLC



| FILED                     |
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| May 02, 2003 8:00 am      |
| Secretary of State        |
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| Maling Actives Solvest (Exhebit) BND. TAMPA R. 3000  2. Principal Place of Business Suite. April 4. etc. Suite. April 5. etc. Suite. Ap |                |   |                                  |                     | TO WE THE                 |  |   |                                  |               |              |  |
|--|----------------|---|----------------------------------|---------------------|---------------------------|--|---|----------------------------------|---------------|--------------|--|
| TAMPA FL 30809  7. Principal Place of Business  9. Mailing Address  Suite, Aprl V, etc.  City & State  City & Stat | Principal Plac | e of Business   | Mailing Address                  | Mailing Address     |                           |  |   |                                  |               |              |  |
| Suite. Apt. #, etc.    City & State  |                |   |                                  |                     |                           |  |   |                                  |               |              |  |
| Suite. Apt. #, etc.    City & State  |                |   |                                  |                     | <u> </u>                  |  |   |                                  |               |              |  |
| City & State  Name  Name  Name  Name  Note Applicable  Streat Address of New Registered Agent  City FL Zin Code  City FL Z | 2. Principal P | lace of Business  | 3. Mailing Address               | 3. Mailing Address  |                           |  |   | (ii <b>40</b> ))] <b>10(11</b> ) |               |              |  |
| Zip  | Suite, Apt.    | #, etc.   | Suite, Apt. #, etc.              | Suite, Apt. #, etc. |                           |  | CHECK HERE  | E IF MAKING                      | CHANGES       |              |  |
| S. Certificate of Status Desired   Fee Required  INDELL, J. MCHAEL, ESO 12276 SAN JOSE BLVD., SUITE 126 JACKSONVILLE FL 32223  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of pregistered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of pregistered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of pregistered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of pregistered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of pregistered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of pregistered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of pregistered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of pregistered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of pregistered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of pregistered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of pregistered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of pregistered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of pregistered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registe | City & State   | 9   | City & State                     |                     |                           |  | -081128   | <del>'</del>                     | <u> </u>      |              |  |
| LINDELL, J. MICHAEL ESQ 12276 SAN JOSE BLVD., SUTE 126 JACKSONVILLE FL 32223  8. The above named entity submits this statement for the purpose of changing its registered editic or registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquishore of registered agent.  SIGNATURE    Stream Address (P.O. Box Number is Not Acceptable)  | Zip            | Country   | Zip                              | Zip Country         |                           |  | 5 Certificate of Status Desired Status Desired Additional |                                  |               |              |  |
| LINDELL, J. MICHAEL ESQ 12276 SAN JOSE BLVD., SUTTE 126 JACKSONMILE FL 32223  City FL  |                | 6. Name and Address of Curren   | t Registered Agent               | gistered Agent      |                           |  | <u> </u>  |                                  |               |              |  |
| 12276 SAN JOSE BLVD, SUITE 128   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)   | LINIT          | SELL LANCUACI ECO   |                                  |                     | Name                      |  |   |                                  |               |              |  |
| 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   Indicated   Signature   Indicated   Indicated | 1227           | '6 SAN JOSE BLVD., SUITE 126  |                                  |                     |                           | Street Address (P.O. Box Number is Not Acceptable) |   |                                  |               |              |  |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE  |                |   |                                  |                     | City                      |  |   | Fi                               | Zip Cod       | le           |  |
| SIGNATURE    Signature   Market   Marke | 8. The above   | named entity submits this statement f   | or the purpose of changing its   | registere           | ed office or registe      | ered agent, or b                                   | ooth, in the State of F                                   |                                  | amiliar with. | and accept   |  |
| Signature. Yipedid or jurning largerial apport and jurning largerial apport or jurning |                |   | ,                                | Ü                   | ŭ                         | ,  |   |                                  | ·             |              |  |
| Make Check Payable to Florida Department of State Due By May 1, 2003   May 1, 2005   | SIGNATURE .    | Signature, typed or printed name of registered agent  | t and title if applicable. (NOT  | E: Registere        | d Agent signature require | ed when reinstating)                               | <del></del>   | DATE                             |               | <del></del>  |  |
| S.   MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES   Addition  |                |   | FILE NO                          | DW!!! 1             | FEE IS \$50.00            |  |   |                                  |               |              |  |
| MANAGING MEMBERS MANAGERS   10.   ADDITIONS CHANGES   Addition   MARE   MGRM   Delete   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST   |                |   | Make Check Payab                 | le to Flo           | orida Departme            | ent of State                                       |   |                                  |               | ĺ            |  |
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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 true empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEDIBER, MANAGER, OR AUTHORIZED REPRESENTATIVE