FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90191 043 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30064008

DOCUMENT # L02000031875

1. Entity Name
THEODORE O'REILY LLC

Principal Place of Business	Mailing Address
3299 NW 2ND AVENUE SUITE 200 BOCA RATON, FL 33431 US	3299 NW 2ND AVENUE SUITE 200 BOCA RATON, FL 33431 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	Box 811135
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Boca Raton FL
Zip / Country	Zip: 33481 Country: USA

4. FEI Number: 020656087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEVENS-RUSTINE, REBECCA 3299 NW 2ND AVE SUITE 200 BOCA RATON, FL 33431	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 STEVENS-RUSTINE, REBECCA 3299 NW 2ND AVE. BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Theodore O'Reily LLC By: [signature] 4/22/03 561 997-0395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Rebecca Stevens-Rustine