2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032862

1. Entity Name



FILED Sep 19, 2003 8:00 am Secretary of State

09-19-2003 90063 024 ****50.00

| MR BISCA | YNE HOLDINGS, LLC | | / | | / | | | | |
|---------------------------------|--|--|---------------------|---------------------------|----------------------|---------------------------------------|-------------|---------|------------|
| | | Mailing Address 1236 KIMBLE ROAD BERRYVILLE VA 22611 | 1236 KIMBLE ROAD | | | ~ ~ | | | |
| | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | CHECK HERE IF | MAKING CHAI | NGES | |
| City & State | | City & State | City & State | | | FEI Number | | | |
| Zip | Country Zip | | Country | | | te of Status Desired | | O Add | itional |
| · | 6. Name and Address of Curren | t Registered Agent | <u>l</u> | <u> </u> | 7. Name ar | d Address of New Reg | | equirec | 1 |
| | | | | Name | | | | | |
| 173 | ier;-tamara Root trail | | | Street Address | (P.O. Box Numl | per is Not Acceptable) | <u></u> | | |
| PALI | M BEACH FL 33480 | | | | | <u> </u> | | | |
| | | | | City | | · · · · · · · · · · · · · · · · · · · | FL Zip | p Code | |
| | named entity submits this statement | for the purpose of changing its | registere | ed office or registe | ered agent, or b | oth, in the State of Florid | | with, a | and accept |
| the obligat | tions of registered agent. | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NOT) | E: Registeres | d Agent signature require | ed when reinstating) | | DATE | | <u> </u> |
| <u></u> | | | - | EE IS \$50.00 | | • | | | |
| | | Make Check Payabl | | | ent of State | | | | |
| | | | | nber 24, 2003 | | | | | |
| 9. | MANAGING MEME | BERS/MANAGERS | 10. | | | ADDITIONS/CH | HANGES | | |
| TITLE | MGR RODE, MITCHELL | ☐ 'Delete | TITLE | | | , | Cr | ange | ☐ Addition |
| NAME STREET ADDRESS | 1236 KIMBLE ROAD | | NAMI STRE | E Et address | | | | | |
| CITY-ST-ZIP | BERRYVILLE VA 22611 | | | -ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ange | Addition |
| NAME | , | | NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS - ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | □ Ch | iange | Addition |
| NAME | | | NAME | 1 | | | | | [|
| STREET ADDRESS CITY-ST-ZIP | | | ~~~~ | ET ADDRESS -ST-ZIP | | | | | |
| TITLE | | Delete | TITLE | <u> </u> | | | | ange | Addition |
| NAME | | | NAME | | | | _ | Ť | _ |
| STREET ADDRESS CITY-ST-ZIP | | • | | et address ST-Zip | • | | | | |
| TITLE | | □ Delete | TITLE | | <u>_</u> | | Ch | 2000 | Addition |
| NAME | | L_J Delete | NAME | | | | | ango | |
| STREET ADDRESS | | | STREE | et address | | | | | |
| CITY-ST-ZIP | | | CITY- | ST-ZIP | | ··· | | | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Ch | ange | ☐ Addition |
| name Street address | | | NAME STREE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | ST-ZIP | | | | | |
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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 of the repeited or truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

MANAGER, OR AUTHORIZED REPRESENTATIVE