08-13-2003 90048 030 ****55.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032889

1. Entity Name
FORMATUS INVESTMENTS, LLC

Principal Place of Business	Mailing Address
9521 SOUTH ORANGE BLOSSOM TRAIL #102 ORLANDO FL 32837	9521 SOUTH ORANGE BLOSSOM TRAIL #102 ORLANDO FL 32837

2. Principal Place of Business	3. Mailing Address
	7932 Westminster Abbey Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ORLANDO, FL
Zip / Country	Zip: 32835 / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 46-0511139 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~PHILIP K. CALANDRINO, P.A.~~
~~7232 SAND LAKE ROAD, SUITE 201~~
~~ORLANDO FL 32819~~

7. Name and Address of New Registered Agent

Name: DOWER W. DRUMMOND
Street Address (P.O. Box Number is Not Acceptable)
7932 WESTMINSTER ABBEY BLVD
City ORLANDO FL Zip Code 32835

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] 08/07/03
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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOWER W. Drummond 7932 Westminster Abbey Blvd. Orlando, FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/03)

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: [signature] DOWER W. DRUMMOND 08/07/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #