AMENDED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

U	AILOKW BOZIVI	:22 KEPOK	I (ORH	<u> </u>	, ritu			(1)	
DOCUMENT # L02000032998					FILED 503251900012:				
1. Entity Nan BUTLER,	8~/		SEP -9	PM 29-04-200	03 90036 (013 ****5	0,00		
	· · · · · · · · · · · · · · · · · · ·	WH!	1		N OF CO	RPORATIONS			
	ce of Business	Mailing Address	Mailing Address			HAHASSEE, FLORIDA			
2021 Valparaiso Blyd. North Fort Myers Fl 33917		2021 VALPARAISO BLVD. NORTH FORT MYERS FL 33917		t					
		•				<u> </u>	18 99 71 58/84 1	 1 11 1 1111 1111	SALKER DER
2. Principal Place of Business		3. Mailing Address					AD KUBULUU I		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Nun 02 -	nber 1565 # 16	33		pplied For ot Applicable
Zip	Country	Zip	Country		<u> </u>	te of Status Desired	۵	\$5.00 Ad Fee Require	
6. Name and Address of Current Registered Agent Name						nd Address of New	Registered	Agent	
SCHUMANN, RAYMOND L				IPE.	E. 7/	POHAS	Ji		
	11:MCGREOR BLVD.	Street Address		(P.O. Box Number is Not Acceptable)					
FORT MYERS FL 33919				The state of			1774	<u></u>	
City					٠ ــــــــــــــــــــــــــــــــــــ	- k 0 (- FL	Zip Coo	le
8. The above named entity submits this statement for the purpose of changing its registered office or regist					ed agent, or b	ooth, in the State of	-		
the obligations of registered agent.								. Date	
SIGNATURE	Signature, typed or printed memory of registered agent in	ardine if undicable (NOTE	Punistered Agent sig	netire redukted	when reinstating)		<u> </u>	23	
Signature, typed or prisited methylogregistered agent any little if applicable: (NOTE: Registered Agent eignature required when reinstating) FILE NOW!!! FEE IS \$50.00									
	•	Make Check Payable	e to Florida D	epartmen	nt of State	,			
<u> </u>	<u> </u>	J	September 2	4, 2003	- <u> </u>			·	
9.	MANAGING MEMBE	···	10,	-		ADDITIONS	/CHANGES		- dillo
TITLE NAME	PIPER, THOMAS J	Delete	TITLE NAME	ł				☐ Change	Addition
STREET ADDRESS	2021 VALPARAISO BLVD.		STREET ADORES	is					
CITY-ST-ZIP	NORTH FORT MYERS FL 33917		CITY-ST-ZIP	 				= 5	=
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS			STREET ADDRES	s					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP						
TITLE :		Deleta	TITLE					Change	Addition
STREET ADDRESS			STREET ADORES	s					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	<u> </u>					
TITLE :		☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS			STREET ADDRESS	s					
CITY-ST-ZIP			CITY-ST-ZIP						
title Name		☐ Delete	TILE	-				☐ Change	Addition
STREET ADDRESS			NAME Street address	s					
CITY-ST-ZIP		_ 	CITY-ST-ZIP				<u> </u>		
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS		,	STREET ADDRESS	,					ļ
CITY-ST-ZIP	- <u>-</u>		CITY-ST-ZIP	1			•	• •	
44 I haraker -	marker steam than the annual contract of the later	ALLO Production of the Control of th			at				

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: SEMAZURE MEDURED

9/1/93, 239-731-1549