LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

Daytime Phone #

| r | | | | | iary or State | |
|--|--|---|--|---|---|--|
| DOCU 1. Entity Nar | MENT # L02000033 | 236 | | i i | 04-28-2003 91002 028 ****50.00 | |
| STADIU | M SOUTH PROPERTIES | , LLC | | · · · · · · · · · · · · · · · · · · · | | |
| | DO NOT WRITE | INTHIS SI | PACE | 44001921 | | |
| 3 Principal | Place of Business | A Mailing Address | | | | |
| 2. Principal Place of Business 6740 E. Robonal Cin. 6740 E. Robonal Cin. | | | OGHAS C' | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | <u></u> | . DO NOT WRITE | IN THIS SPACE | |
| City & Sta | | City & State | FON FL | 4. FEI Number 20-001623 | Applied For Not Applicable | |
| 334 E | 87 USA | 3 3487 | Country 45A | 5. Certificate of Status Desired | \$5.00 Additional Fee Required | |
| | TO THE PARTY OF TH | | | 7. Name and Address of Current R | | |
| | | | Name | HALD MORTON - | | |
| | DO NOT WRITE | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | IN THIS SP | ACE | \\ 472 | BARRON Squirsion | | |
| | | | 2699 City 44 | 5 BAYSHOND DA | El Zp Code | |
| Constitution of the | | Later Control of the | 741. | AM! | 33/33 | |
| | e named entity submits this statement for tions of registered agent. | the purpose of changing its | registered office or regis | tered agent, o <u>r both, in the State</u> of Flori | da. I am familiar with, and accept | |
| SIGNATURE | provars | Mar | <u> </u> | | | |
| | Signature, typed or printed name of registered agent | d the if applicable. | EE 18 \$50.00 | | DATE | |
| | | | le to Floride Departm | ent of State | | |
| | | | UEBY MAY 1 | | <u> </u> | |
| 9. | MANAGING MEMBER | S/MANAGERS | | | | |
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| CITY-ST-ZIP | | | CTV.ST.ZP | | | |
| TITLE | | | mile | | | |
| name Street address | | • | NAME STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY SI-ZP | | | |
| 11. I hereby o | certify that the information supplied with the | is filing does not qualify for | the exemption stated in S | Section 119.07(3)(i), Florida Statutes. I fu | rther certify that the information | |
| | on this report is true and accurate and the bility company or the receiver or trustee e | | | | a member or manager of the | |
| | 17 | 16 | | - | ì | |