LIMITED LIABILITY COMPANY

FILED Apr 07, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L02000033346 1. Entity Name 04-07-2003 90615 038 ***150.00 ENHANCEMENT III, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 214 SG 134 STEGET SE I 214 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For russes ale toer Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired 3316 ÚSA USA Fee Required 7. Name and Address of Current Registered Agent W. Doblett IR DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE SE 134 STREET DECOME 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 be obligations of registered agent. rul W. Lobbers SIGNATURE FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS CR2E083B (12/02 TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP L mode only CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST-ZIP... CITY-ST-ZIP TITLE TIDE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME