2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/19/2003-90064-049-$50.00-$50.00

0021543

DOCUMENT # L02000033689

1. Entity Name
DRIVING FOR DOE INVESTMENT CLUB, L.L.C.

FILED
03 OCT 20 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
465 S.E. ST. LUCIE BLVD. STUART FL 34996	465 S.E. ST. LUCIE BLVD. STUART FL 34996

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 550815656 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORMAN, KENNETH A 2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR STUART FL 34994	Name: JOAN SMITH Street Address (P.O. Box Number is Not Acceptable): 465 SE STLUCIE Blvd. City: STUART FL Zip Code: 34996

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: JOAN SMITH — Joan Smith — 10/7/03
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	MEMBER - PRESIDENT ☐ Delete	TITLE	MEMBER V. PRES ☐ Change ☐ Addition
NAME	PHYLLIS MARINO	NAME	CATHY GALE
STREET ADDRESS	1581 SW MEDLEY LANE	STREET ADDRESS	3250 SW RONIEA CT.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	CITY-ST-ZIP	PORT ST. LUCIE, FL 34953
TITLE	MANAGER - SECRETARY ☐ Delete	TITLE	MEMBER 1ST VICE PRES ☐ Change ☐ Addition
NAME	JOAN SMITH	NAME	WENDY WHEELER
STREET ADDRESS	465 SE ST LUCIE Blvd	STREET ADDRESS	PO BOX 1895
CITY-ST-ZIP	STUART FL 34996	CITY-ST-ZIP	STUART FL 34995
TITLE	MANAGER V PRES ☐ Delete	TITLE	MEMBER VICE PRES ☐ Change ☐ Addition
NAME	DEBRA ANN O'DONNELL	NAME	KATHERINE NELSON
STREET ADDRESS	4308 SW BROOKSIDE DRIVE	STREET ADDRESS	624 ST. LUCIE CRESCENT - APT-406
CITY-ST-ZIP	PALM CITY FL 34990	CITY-ST-ZIP	STUART FL 34994
TITLE	MEMBER V. PRES. ☐ Delete	TITLE	MEMBER V PRES ☐ Change ☐ Addition
NAME	LYNN STELLMAN	NAME	ANNETTE JONES
STREET ADDRESS	4308 SW BROOKSIDE DR.	STREET ADDRESS	4308 SW BROOKSIDE DR.
CITY-ST-ZIP	PALM CITY FL 34990	CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	MANAGER TREASURER ☐ Delete	TITLE	MEMBER V. PRES ☐ Change ☐ Addition
NAME	BARBARA TYSON	NAME	JULIE STELLMAN
STREET ADDRESS	19874 WILKINSON LEAS Rd.	STREET ADDRESS	6822 SE RAINTREE AVE.
CITY-ST-ZIP	TEQUESTA, FL 33469	CITY-ST-ZIP	STUART, FL 34997
TITLE	MEMBER V. PRES. ☐ Delete	TITLE	MEMBER V PRES ☐ Change ☐ Addition
NAME	THERESA MOORE	NAME	RHONDA WOODRUFF
STREET ADDRESS	2060 BRIAROAK TRAIL	STREET ADDRESS	5423 SE HARBOR TER.
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP	STUART, FL 34997

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: JOAN SMITH — 772/283-8135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #