2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

0021543

FILED

03 OCT 20 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000033689

1. Entity Name

DRIVING FOR DOE INVESTMENT CLUB, L.L.C.

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

☐ CHECK HERE IF MAKING CHANGES

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER - PRESIDENT PHYLLIS MARINO 1581 SW MEDLEY LANE PORT ST. LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER V. PRES CATHY GAIE 3250 SW RONIEA CT. PORT ST. LUCIE, FL 34953	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER - SECRETARY JOAN Smith 465 SE ST LUCIE Blvd STUART FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER 1ST VICE PRES WENDY WHEELER PO BOX 1895 STUART FL 34995	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER V PRES DEBRA ANN OBONNELL 4308 SW BROOKSIDE DRIVE PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER VICE PRES KATHERINE NELSON 624 ST. LUCIE CRESCENT - APT 406 STUART FL 34994	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER V. PRES. LYNN STELLMAN 4308 SW BROOKSIDE DR. PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER V PRES ANNETTE JONES 4308 SW BROOKSIDE DR. PALM CITY, FL 34990	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER TREASURER BARBARA TYSON 19874 WILKINSON LEAS Rd. TEQUESTA, FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER V. PRES JULIE STELLMAN 6822 SE RAINTREE AVE. STUART, FL 34997	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER V. PRES. THERESA MOORE 2060 BRIAROAK TRAIL PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER V PRES Rhonda Woodruff 5423 SE HARBOR TER. STUART, FL 34997	☐ 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: JOAN Smith JOAN Smith 772/283-8135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #