LIMITED LIABILITY COMPANY

Apr 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L02000034131 1. Entity Name 04-17-2003 90035 036 \*\*\*\*50.00 JOHN L. DAVIS, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 13472 TROON TRACE LN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ACKSONVIlle 02-065681 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent L. DAUIS DO NOT WRITE -Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 13472 TROOD TRICE W d Acksonville 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 ( 43-03 SIGNATURE FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS MANAGER TITLE TITLE DAVIS NAME NAME JOHN TRACE IN STREET ADDRESS STREET ADDRESS 32725 CITY-ST-ZIE CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT-WRITE CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 employment to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP