LIMITED LIABILITY COMPARY

Apr 16, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L02000034178 03-31-2003 90809 037 ****55.00 1. Entity Name 6285 WATERS AVENUE, LLC 55026089 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 6285 W. Waters Avenue 716 Bobwhite Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For //- 366 732**4** Florida Tampa, Florida Not Applicable Naples. Country Country \$5.00 Additional 34 08 5. Certificate of Status Desired USA Fee Required 33634 7."Name and Address of Current Registered Agent Name GRACE-R-SWANSON-DO NOT WRITE ress.(P.O. Box Number is Not Acc BOB WHIT IN THIS SPACE City NAPLES ent 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. Mar*28. Grace Swanson MGRM SIGNATURE FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. IIILE Managing Member NAME Grace Swanson STREET ADDRESS 7.16 Bobwhite Lane CITY-ST-ZIP Naplos, FL 34108 mie 3 TIRE NAME NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TIFLE inie s NAME NAME STREET ADDRESS STREET ADDRESS DO NOTWRITE CITY-ST-ZIP TITLE INTHIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP mar TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE mu, NAME NAME STREET ADDRESS STREET ADORES CITY-ST-ZIP 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. Grace Şwanson

Mar 28, 2003

239-513-0479

FILED