LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 102000034379

1. Entity Name

SIGNATURE:



FILED Mar 12, 2003 8:00 am Secretary of State 03-12-2003 90014 002 ****50.00

07-07-2003

| ANE, B | BELT, ROSS & ASSOC | IATES, LLC | | | | |
|-------------------------------|---|----------------------------|---|----------------|---|--|
| | DO NOT WRITE | | PACE | | | |
| 1 | rancial Plaza | 3. Mailing Address | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN | THIS SPACE |
| Surte _City & State | 2001 e | City & State | | | 4. FEI Number | Applied For |
| F+. 1 | Landerdale, FC | | | | 22-3887524 | Not Applicable |
| 33 7 4 | Country -U=S-A | Zip | Country | | 5. Certificate of Status Desired | \$5.00 Additional Fee Required |
| | it dag stort generalise og store en en engelst skalle forstere ende Kantinton en | | Name | 7. | Name and Address of Current Regi | stered Agent |
| | DO NOT WE | RITE | - | ridrana (D.) | Dr.Box Number is Not Acceptable) | <u> </u> |
| | IN THIS SPA | | Street A | uuress (P.C | 5. Bux Number is Not Acceptable) | - |
| | HATHIO OF | | | | , | |
| • | | | City | | • | FL Zip Code |
| | named entity submits this statement for tions of registered agent. | he purpose of changing it | s registered office or | registered | l agent, or both, in the State of Florida. | I am familiar with, and accept |
| SIGNATURE . | Signature, typed or printed name of registered agent and | 4 title if applicable | | | | DATE |
| | | Make Check Payat | FEE IS \$50.00 ble to Florida De DUE BY MAY 1 | partment | of State | |
| 9. | MANAGING MEMBER | S/MANAGERS | | | | |
| title Name | Vice President, COO AJBelt III | | TITLE | | en en 1700 for de veget en bewegte for de generate de la November en | |
| STREET ADDRESS CITY-ST-ZIP | I financial Plaza #2 | STREET ADDRESS | | | | |
| TITLE | Ft- Land, PC 335 President, CEO | <u> </u> | CATY-ST-ZIP | | | |
| NAME | Jan w Dane | | NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | Ifinancial Plaza # | 2601 | STREET ADDRESS City-St-zip | | | |
| TITLE | · · · · · · · · · · · · · · · · · · · | | TITLE | | | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | |
| CITY-ST-ZIP | | | - CITY-ST-ZIP | a manual da la | DO NOT W | RHE |
| TITLE ' | | | TITLE NAME | | IN THIS SP | ACE |
| STREET ADDRESS | | | STREET ADDRESS | | | |
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| TITLE | | | TILE | | | |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS - City-St-Zip- | | | |
| indicated (| ertify that the information supplied with the on this report is true and accurate and the pility company or the receiver or trustee e | at my signature shall have | the same legal effect | ct as if mad | le under oath; that I am a managing m | er certify that the information ember or manager of the |

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE