FILED Apr 04, 2003 8:00 am Secretary of State

03-12-2003 90014 005 ****50.00

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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034874 1. Entity Name KENNETH RAY TOWING SERVICE, L.L.C. 55022282 DO NOT WRITE IN THIS SPACE 3. Mailing Address 141 Com*nerce Wa* Principal Place of Business H Commerce wa DO NOT WRITE IN THIS SPACE City & State City & State Applied For Florida Sanford Florida Jan tord Not Applicable \$5.00 Additional USA USA Name and Address of Current Registered Agent --DO NOT WRITE OMMERCE IN THIS SPACE 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 familia the obligations of registered agent. FEE IS \$50.00 Make Check Payable to Florida Department of State: DUE BY MAY 1 9._ MANAGING MEMBERS/MANAGERS -DWALK Manger TITLE KENNETH D RAY NAME member COMMERCE STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOTWRITE CITY-ST-ZIP-TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

KENNETH D RAY

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