## LIMITED LIABILITY COMPANY

FILED **UNIFORM BUSINESS REPORT (UBR)** Feb 24, 2003 8:00 am Secretary of State DOCUMENT # L02000035119 1. Entity Name 02-24-2003 90047 029 \*\*\*\*55.00 52 VENTURE, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2304 S. San Jose Circle 3. Mailing Address 2304 S. San Jose Circle Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For TAMPA lamna APPIED FOR Not Applicable Country 33629 U.S. 5. Certificate of Status Desired \$5.00 Additional 33629 U.S. 7. Name and Address of Current Registered Agent DO NOT WRITE 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 familiar with, and accept Signature, typed or printed name of registered agent and title if applicable FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS TITLE MGRM TITLE MALTBY, DAVID K. 2304 S. San Jose Circle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tampa, 33629 CR2E083B CITY ST-ZIP TITLE MGRM TITLE NAME NAME STREET ADDRESS Fisher Ave. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P DO NOT WRITE CITY-ST-ZIP. TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

TITLE

NAME

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