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

SIGNATURE:

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

DOCUMENT # L02000035218

1. Entity Name

THIRTY-SEVEN FIFTY I, LLC



FILED Feb 11, 2003 8:00 am Secretary of State 02-11-2003 90047 001 ****50.00

DO NOT WRITE IN THIS SPACE				20025452	
2. Principal Place o		3. Mailing Address			
1515 Rivers: le Ave		Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Sqcksmrille FC		City & State		4. FEI Number Applied For Not Applicable	
^{Zip} 32204	Country USA	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required	
				7. Name and Address of Current Registered Agent	
DO_NOT_WRITE			Name Robert K. Rushing		
" IN THIS SPACE			-Silee(Addies	S (P.O. Box Number is Not Acceptable) S /S Riverside Ave., Ste. A	
			City	csonville FL Zip Code 32204	
	d entity submits this statement f registered agent.	t for the purpose of changi		stered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	re, typed or printed name of registered ag	ent and title if applicable		DATE	
		Make Check P	FEE IS \$50.00 syable to Florida Departm SEDUE BY MAY 1	nent of State	
9.	MANAGING MEM	BERS/MANAGERS			
TITLE NAME	RSTUVILL? 1515 Riverside A Jacksmulle, FL	Str A	TITLE NAME		
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	Jackson ville, FL	. 32409	CITY-ST-ZIP		
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indicated on this	report is true and accurate ar	id that my signature shall f	ify for the exemption stated in S nave the same legal effect as if this report as required by Cha	Section 119.07(3)(i), Fiorida Statutes. I further certify that the information f made under oath; that I am a managing member or manager of the apts 608, Florida Statutes.	