LIMITED LIABILITY COMPANY Amended UNIFORM BUSINESS REPORT (UBR)

THILL DOCUMENT # L 03000010246 SECRETARY OF STATE DIVISION OF CORPORATIONS Deep South Designs, LLC 05 JUN -7 AM 8: 31 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Mailing Address Harlow Blud **6775** Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number Jacksonville 04-3748689 Not Applicable Country Country \$5.00 Additional Zip 5. Certificate of Status Desired 32256 Fee Required 7. Name and Address of Current Registered Agent Name
Prater Arthur
Street Address (P.O. Box Number is Not Acceptable)
8935 Western Was DO NOT WRITE IN THIS SPACE Zip Code Jack Sony: 11em 32256 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Prater, Arthur D Jr. 8933 Western Way #7 FEE IS \$50.00 Make Check Payable to Florida Department of State Jacksonville FL 32256 **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. CR2E083B (12/02 MGRM TITLE TITLE NAME NAME 8933 Western Way #7 STREET ADDRESS STREET ADDRESS Jacksony: 11e FL 32256 CITY-ST-ZIP CITY-ST-7iP TITLE DILE MAME Bradley, Lee 8815 Perimeter Pk BL #403 900056403229 06/21/05--01052--018 \*\*50,00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32216 TITLE DILE NAME STREET ADDRESS STREET ADDRESS DO-NOT WRITE CITY-ST-ZIP CHY-SI-ZIP Title IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 trife 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.

Daytime Phone #

SIGNATURE: