LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED ATX1
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L03 0000 49793

1. Entity Name
2820 East Colonial Drive, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7 Mayfield Street			
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State **Greenville, RI**		City & State	
Zip **02828**	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **56-2421126** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Picard, Michael E.
Street Address (P.O. Box Number is Not Acceptable)
7569 Park Springs Circle

City **Orlando** **FL** Zip Code **32835**

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] **Michael E. Picard** 2-8-05
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

U00000258774
03/10/05-80057-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	**MGRM**	TITLE	
NAME	**Picard, Edward J.**	NAME	
STREET ADDRESS	**7 Mayfield Street**	STREET ADDRESS	
CITY-ST-ZIP	**Greenville, RI 02828-2917**	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E083B (12/02)

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

SIGNATURE: Edward J. Picard 3/5/05 401-949-2709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #