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

Sep 10, 2004 8:00 am Secretary of State DOCUMENT # JOHN ARTHUR KELLEY, LLC \$ L03000050288 09-10-2004 90062 033 ****55.00 DO NOT WRITE IN THIS SPACE 5046 MIDWAY FISH CAM 5046 MIDWAY DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For ARIANMA 32-0105369 Not Applicable \$5.00 Additional 5. Certificate of Status Desired ACRSON do PSON 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 the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE FEE IS \$50,00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS Đ. TITLE MGRM NAME JOHN ARTHUR KELLET NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADORESS DO NOT WRITE CITY-ST-ZiP CITY-SI-ZIP TIDE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBE NAME STREET ADORESS STREET ADDRESS CITY-ST-7/P TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZP 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. JOHN HRTHUR KELLE SIGNATURE

FILED