2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR -5 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L94000000200

1. Entity Name
ADVANCE MANAGEMENT GROUP, L.C.

Principal Place of Business	Mailing Address
525 SOUTH FLAGLER DR. UNIT 22A WEST PALM BEACH FL 33401	525 SOUTH FLAGLER DR. UNIT 22A WEST PALM BEACH FL 33401-5901

2. Principal Place of Business	3. Mailing Address
16622 Trader's Xing	16622 Trader's Xing
Suite, Apt. #, etc. N # 202	Suite, Apt. #, etc. N # 202
City & State Jupiter, FL	City & State Jupiter FL
Zip 33477 Country USA	Zip 33477 Country USA

4. FEI Number 65-0494269 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOUNTAIN, CHARLES T 525 SOUTH FLAGLER DR. UNIT 22A WEST PALM BEACH FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOUNTAIN, CHARLES T 525 SOUTH FLAGLER DR., UNIT 22A WEST PALM BEACH FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR C.T. Mountain 16622 Trader's Xing N # 202 Jupiter, FL 33477 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400003217444--9 -04/20/00--01104--007 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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: C. T. Mountain (SIGNATURE REQUIRED) Mgr. 4/1/00 (561) 741-1125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #
Authorized Agent