2001	UNIFOR	RM BUS	INESS	REPO	RT (UBF
OCUM	MENT#	1.0400		170		

### PAGE ADDRESS PROPERTY PRO												
Principal Place of Business 3891 SW OULEGE RD OCALA FL 34474 2. Principal Place of Business 3891 SW OULEGE RD OCALA FL 34474 2. Principal Place of Business 381 SW OULEGE RD OCALA FL 34474 2. Principal Place of Business 381 SW OULEGE RD OCALA FL 34474 2. Principal Place of Business 381 SW OULEGE RD OCALA FL 34474 2. Principal Place of Business 381 SW OULEGE RD OCALA FL 34474 2. Principal Place of Business 381 SW OULEGE RD OCALA FL 34474 383 SW OULEGE RD OCALA FL 34474 2. Principal Place of Business 381 SW OULEGE RD OCALA FL 34474 383 SW OULEGE RD OCALA FL 34474 2. Principal Place of Business 381 SW OULEGE RD OCALA FL 34474 383 SW OULEGE RD OCALA FL 34474 383 SW OULEGE RD OCALA FL 34474 384 SW OULEGE RD OCALA FL 34474 385 SW OULEGE RD OCALA FL 34474 385 SW OULEGE RD OCALA FL 34474 386 SW OULEGE RD OCALA FL 34474 386 SW OULEGE RD OCALA FL 34474 387 SW OULEGE RD OCALA FL 34474 388 SW OULEGE RD OCALA FL 34474 389 SW OULEGE RD OC	DOCUMENT # L9400000472 1. Entity Name							al Baser A . 4 N				
SSI SW COLLEGE RD OCALA FL 34474 2. Principal Place of Business Sulfe, Apt. 4, etc. 2. Principal Place of Business Sulfe, Apt. 4, etc. 3. Mailing Address Sulfe, Apt. 4, etc. 3. Do NOT Writte In This SPACE 4. FEI Number 59-3266198 7. Name and Address of Sunse Desired Fig. 50.00 Ar Fig. Regular Fig. 59-3266198 7. Name and Address of Now Registered Agent Name OCALA FL 34474 City FL Zip Co Sired Address (P.O. Box Number is Not Acceptable) Sired Address (P.O. B	FRIENDSHIP HOLDING, L.C.				•		FILED					
SSI SW COLLEGE RD OCALA FL 34474 2. Principal Place of Business Sulfe, Apt. 4, etc. 2. Principal Place of Business Sulfe, Apt. 4, etc. 3. Mailing Address Sulfe, Apt. 4, etc. 3. Do NOT Writte In This SPACE 4. FEI Number 59-3266198 7. Name and Address of Sunse Desired Fig. 50.00 Ar Fig. Regular Fig. 59-3266198 7. Name and Address of Now Registered Agent Name OCALA FL 34474 City FL Zip Co Sired Address (P.O. Box Number is Not Acceptable) Sired Address (P.O. B		•				Þ.		01	JAN 17 PM 2:	14		
2. Principal Place of Business 3. Mailing Address	Principal Place of Business Mailing Address				ess			CEA				
Suito, Apt. #. etc. City & State Country Country S. Certificate of Status Desired S. Country S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Number is Not Acceptable Street Address (P.O. Box Number is Not Acceptable)								TALL	RETARY OF STAT AHASSEE, FLORIC	E \sim DA		
Suito, Apt. #. etc. City & State Country Country S. Certificate of Status Desired S. Country S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Fel Number S. Certificate of Status Desired S. S. O. A. Number is Not Acceptable Street Address (P.O. Box Number is Not Acceptable)												
City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$5.03 to the Regulatered Agent \$5.00 to the Regulatered Agent \$5.00 to the Regulatered Agent \$7. Name and Address of New Regulatered Agent Name FIRST AMERICAN INTERNATIONAL, INC. 3931 SW COLLEGE RD OCALA FL 34474 City FL Zip Co B. 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. FILE NOW!!! FEE IS \$5.00 to Make Check Payable to Department of State FILE NOW!!! FEE IS \$5.00 to Make Check Payable to Department of State B. MANAGING MEMBERS/MEMBERS ITTLE MANAGING MEMBERS/MEMBERS ITTLE MANAGING MEMBERS/MEMBERS BRET ALORES STREET AL	2. Principal Place of Business 3. Mailing Address											
Signature: Signature: Sign	Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE					
### Country Zip Country S. Certificate of Status Desired \$5.00 A \$5.00 A \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na	City & State City & State											
8. Name and Address of New Registered Agent FIRST AMERICAN INTERNATIONAL, INC. 3931 SW COLLEGE RD OCALA FL 34474 City FL Zip Co 3. 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 private name of registered agent and the Faspitable. MANAGING MEMBERS/MEMBERS MANAGING MEMBERS/MEMBERS TILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MARM REINT/JES, STEPHEN L 31REF ADDRESS TITES AMERICAN INTERNATIONAL, INC. 3931 SW COLLEGE RD OCALA FL 34474 Delete TITE MARE FIRST AMERICAN INTERNATIONAL, INC. 3931 SW COLLEGE RD OCALA FL 34474 Delete TITE MANE SIREF ADDRESS OCT 51-2P OCALA FL 34474 Delete TITE MANE SIREF ADDRESS OCT 51-2P TITE MANE SIREF ADDRESS	Zip	1	Country	Zip	Ć	ountry	5	. Certific	ı	☐ \$5.00 A	dditional	
FIRST AMERICAN INTERNATIONAL, INC. 3831 SW COLLEGE RD OCALA FL 34474 City FL Zip Co City FL Xip City FL Xip Co Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State REINTLES, STEPHEN L GRAPH HOME REINTLES, STEPHEN L GRAPH HOME REINTLES, STEPHEN L GRAPH HOME STREET ADDRESS CITY-S1-Zip MAKE STREET ADDRESS CITY-S1-Zip FILE Change MAKE STREET ADDRESS CITY-S1-Zip FILE Change MAKE STREET ADDRESS CITY-S1-Zip TITLE MAKE STREET ADDRESS CITY-S1-Zip TI		6. Name	and Address of Cur	rent Registered Agen	t		7	'. Name a	and Address of New Regi		- -	
3831 SW COLLEGE RD OCALA FL 34474 City FL Zip Co City Fl Zip						Name				,		
City FL Zip Co B. 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 agricable. NOTE: Registered Agent signature required when rematishing? PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ITTLE MGRM REINTJES, STEPHEN L 6412 HIGH DR SIREET ADDRSS STREET ADDRSS						Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
City FL Zip Co 3. 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 the inapplicable. (NOTE: Registered Agent agrature required when reintaking) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES ITILE MARK REINTLES, STEPHEN L 6412 HIGH DR STREET ADDRESS GITY-ST-ZIP THE MAME MIRES AMERICAN INTERNATIONAL, INC. 3331 SW COLLEGE RD OCALA FL 34474 Delete TITLE MAME MAME MIRES AMERICAN INTERNATIONAL, INC. 3331 SW COLLEGE RD OCALA FL 34474 Delete TITLE MAME MAME MAME STREET ADDRESS GITY-ST-ZIP TITLE MAME MAME MAME MAME STREET ADDRESS GITY-ST-ZIP TITLE MAME MAME MAME STREET ADDRESS GITY-ST-ZIP TITLE MAME MAME MAME MAME MAME STREET ADDRESS GITY-ST-ZIP TITLE MAME MAME STREET ADDRESS GITY-ST-ZIP TITLE MAME MAME MAME MAME STREET ADDRESS GITY-ST-ZIP TITLE MAME MAME MAME STREET ADDRESS GITY-ST-ZIP TITLE MAME MAME STREET ADDRESS STREET						-						
ADDITIONS / CHANGES TITLE MANA AGING MEMBERS / MEMBERS	00/12111					City				FL Zip Co	de	
SIGNATURE Signature, typed or printed name of registered apart and the if applicable. (NOTE: Registered Apart signature required when reneatance) DATE	3. The above	named entity	submits this statemε	ent for the purpose of c	hanging its regis	tered office or	registered a	agent, or	both, in the State of Florid			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MGRM		,								•		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MGRM	SIGNATURE .	Signature, typed o	r printed name of registered	agent and title if applicable.	(NOTE: Regis	stered Agent signatur	re required whe	en reinstating)		DATE		
MAKE Check Payable to Department of State Make Check Payable to Department of State					EU E NOW							
MANAGING MEMBERS/MEMBERS ITTLE MANAE STREET ADDRESS STREET ADDRES				Make				tate				
MGRM REINTJES, STEPHEN L GA12 HIGH DR STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STRE			*************	EMBEDO (MEMBEDO					ADDITIONS (C)	IANICEC		
MGRM FIRST AMERICAN INTERNATIONAL, INC. 3331 SW COLLEGE RD OCALA FL 34474 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DOITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change		меры	MANAGING MI								Addition	
MGRM FIRST AMERICAN INTERNATIONAL, INC. 3331 SW COLLEGE RD OCALA FL 34474 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change			STEPHEN 1 .	_					50000035	;763 3 5		
MGRM FIRST AMERICAN INTERNATIONAL, INC. 3331 SW COLLEGE RD OCALA FL 34474 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DOITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change	STREET ADDRESS	6412 HIGH	DR		:	STREET ADDRESS			-01/26/	UlUlU47- O OO www.	-U18	
HAME STREET ADDRESS DITY-ST-ZIP OCAL A FL 34474 Delete TITLE	CITY-ST-ZIP					CITY-ST-ZIP			不不不不不 ○			
TITLE NAME STREET ADDRESS CITY-ST-ZIP FIRST AMERICAN INTERNATIONAL, INC. 3931 SW COLLEGE RD OCALA FL 34474 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE	MGRM			Delete	TITLE				☐ Change	Addition	
CITY-ST-ZIP OCAL A FL 34474 CITY ST-ZIP C			RICAN INTERNAT	IONAL, INC.		· -	• .					
TITLE IAME STREET ADDRESS CITY-ST-ZIP CITLE IAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		3931 SW 0	COLLEGE RD			1						
STREET ADDRESS CITY-ST-ZIP TITLE JOHETE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE		MTTAT		Delete	TITLE			10/	☐ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ODelete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS						i			/Y			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS				•		i i						
NAME STREET ADDRESS CITY-ST-ZIP CITILE AME STREET ADDRESS CITY-ST-ZIP CITILE AME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITILE AME STREET ADDRESS CITY-ST-ZIP CITILE AME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS									- x	☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS				_		NAME						
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS						· · · · · · ·						
NAME STREET ADDRESS CITY-ST-ZIP CITLE Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS STREET ADDRESS STREET ADDRESS						······				Chance	ET Addition	
STREET ADDRESS CITY-ST-ZIP CITLE Delete IITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		!		Li						∟ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP CITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS												
NAME STREET ADDRESS NAME STREET ADDRESS						I .						
STREET ADDRESS STREET ADDRESS	TILE					I .				☐ Change	Addition	
• • • • • • • • • • • • • • • • • • •												
OHI-OHAE												
A Liberaby partify that the information appoint with this filling does not qualify for the assembling stated in Continued 10.07(2)(i). Elevide Statedon I further partify that the			information are all a	A codela stata Ellina de de cons	t analit : fe- 1	VIII-31-4F	ad ta Onesti	110.07	(OV) Florido Otatidas III	aluncia nordificato e de ele-	! (

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 informatio 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.

Zaurrid SIGNATURE:

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

(352) 854-0909 Daytime Phone # IIIzlo I