(941) 388 - 6488 Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Nonsignature and typed on printed hame of signing managing member or manager

DOCUMENT # L9500000626 1. Entity Name DONLAN MARKETING GROUP, L.C.				SECRETARY OF STATE DIVISION OF CORPORATIONS	
				00 FEB -7 AMII: 4	
Principal Place of Business 277 S. POLK DRIVE SARASOTA FL 34236 2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address 277 S. POLK DRIVE SARASOTA FL 34236-1224 3. Mailing Address Suite, Apt. #, etc.			
				DO NOT WRITE IN THIS SPACE	
Zip	Country	Zip	Country	L & Certificate of Status Desired 1.1 This	OO Additional Required
	6. Name and Address of Curr	rent Registered Agent		7. Name and Address of New Registered Agent	t
JULIAN, LANNY R 277 S. POLK DRIVE SARASOTA FL 34236			Street Address	ss (P.O. Box Number is Not Acceptable)	
			City	FL ²	Zip Code
	•	agent and title if applicable (NO	Is registered office or regis	itered agent, or both, in the State of Florida. DATE	
SIGNATURE .	Signature, typed or printed name of registered a	agent and title if applicable (NO FILE N Make Check P	Is registered office or regis OTE: Registered Agent signature requirements of the control of th	tered agent, or both, in the State of Florida. DATE of State	
SIGNATURE . 9. ITTLE NAME STREET ADDRESS	MANAGING ME MEM JULIAN, LANNY R 277 S. POLK	agent and title if applicable (NO	Is registered office or regis	DATE O ADDITIONS/CHANGES	Change
SIGNATURE 9. TITLE WAME STREET ADDRESS CITY- ST- ZIP TITLE WAME STREET ADDRESS	Signature, typed or printed name of registered at MANAGING ME MEM JULIAN, LANNY R	agent and title if applicable (NO FILE N Make Check P	Is registered office or registered Agent signature requirements of the second signatu	ottered agent, or both, in the State of Florida. DATE Ottof State ADDITIONS/CHANGES	
9. ITTLE MAME STREET ADDRESS SITY-ST-ZIP ITTLE MAME STREET ADDRESS SITY-ST-ZIP ITTLE MAME STREET ADDRESS SITY-ST-ZIP ITTLE MAME STREET ADDRESS	MANAGING ME MEM JULIAN, LANNY R 277 S. POLK SARASOTA FL 34236 MEM JULIAN, DONNA J 277 S. POLK	FILE N Make Check P EMBERS/MEMBERS Delete	Is registered office or registered Agent signature requirements of the second of the s	DATE O ADDITIONS/CHANGES -U2/21/000162 *****50.80 **	
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