

**FILED**  
**Jun 03, 2003 8:00 am**  
**Secretary of State**

06-03-2003 90020 001 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # L97000001112</b> 1. Entity Name <b>FLORIDA COMMERCIAL MANAGEMENT COMPANY, L.C.</b>				<b>10106577</b>	
Principal Place of Business 1313 COUNTRYRIDGE PLACE ORLANDO, FL 32835		Mailing Address 1313 COUNTRYRIDGE PLACE ORLANDO, FL 32835			
2. Principal Place of Business <i>10901 Brighton Bay Blvd NE</i> Suite, Apt. #, etc. <i>Apt 6114</i> City & State <i>St. Petersburg FL</i> Zip <i>33716</i>		3. Mailing Address <i>10901 Brighton Bay Blvd NE</i> Suite, Apt. #, etc. <i>Apt 6114</i> City & State <i>St. Petersburg FL</i> Zip <i>33716</i>		 <input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number <b>59-3503562</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent OWEN, DAVID M JR 1313 COUNTRYRIDGE PLACE ORLANDO, FL 32835			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>10901 Brighton Bay Blvd NE</i> Apt <i>6114</i> City <i>St. Petersburg</i> FL Zip Code <i>33716</i>		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 <i>[Signature]</i> DATE <i>4/29/03</i>		(NOTE: Registered Agent's signature required when registering)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWEN, DAVID M JR 1313 COUNTRYRIDGE PLACE ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>10901 Brighton Bay Blvd NE</i> <i>St. Petersburg, FL 33716</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHILDCARE MANAGEMENT CORP 18 WEST STOW ROAD MARLTON, NJ 08053	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.					
SIGNATURE: <i>[Signature]</i>			DATE: <i>4/29/03</i> 727-415-2952		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (10/02)

Attachment#  
10106577  
L97000006112

FLORIDA COMMERCIAL MANAGEMENT COMPANY, L.C.  
10901 Brighton Bay Blvd. NE #6114  
St. Petersburg, Florida 33716

May 30, 2003

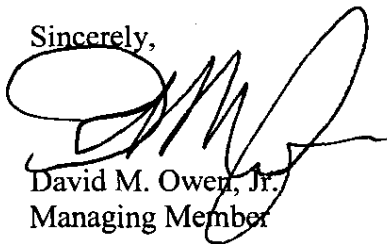
Uniform Business Report  
Division of Corporations  
P. O. Box 6478  
Tallahassee, Florida 32314-6478

**Re: 2003 Limited Liability Company Uniform Business Report for Florida  
Commercial Management Company, L.C.**

Dear Sirs:

The annual report I sent in for the above referenced limited liability company was recently returned to me. Apparently, it was sent to the wrong address within the Florida Department of State. Enclosed is the original annual report, our check for the filing fee and the correspondence from the Department of Business and Professional Regulation returning these items to me. Please accept this now tardy filing of our annual report and payment of the annual filing fee. As you can see, we attempted in good faith to submit it by the filing deadline. In the event that you must charge me for the late fee, please let me know.

Sincerely,



David M. Owen, Jr.  
Managing Member