FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State DOCUMENT # L98000000287 1. Entity Name 05-08-2002 90084 016 ****50.00 T W I 75. L. C. Principal Place of Business Mailing Address 7731 BOCILLA LANE, #12 P.O. BOX 767 **BOKEELIA FL 33922 BOKEELIA FL 33922** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINTRAUB, RUSSELL Street Address (P.O. Box Number is Not Acceptable) 7731 BOCILLA LANE, #12 **BOKEELIA FL 33922** City Zip Code FL 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 Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE CR2E083 (9/01) Change ☐ Addition NAME WEINTRAUB, RUSSELL NAME STREET ADDRESS 7731 BOCILLA LANE, #12 STREET ADDRESS CITY-ST-ZIP **BOKEELIA FL 33922** CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME TIECHE, STEPHEN C NAME STREET ADDRESS 7731 BOCILLA LANE, #12 STREET ADDRESS CITY-ST-7IP **BOKEELIA FL 33922** CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition^a NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

11. I hereby certify that the information supplied indicated on this report is true and accurate limited liability company or the received current of the control of the co

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

Daytime Phone #

ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the wered to execute this report as required by Chapter 608, Florida Statutes.