Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90175 032 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800000610

1. Entity Name

CITY-ST-ZIP

Zip Country Zip Country S. Certificate of Status Desired S. 5.00 Adultional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required STEWART, CHARLES JR. STEWART, CHARLES JR. SSS SILVER BEACH AVENUE DAYTONA BEACH FL 32118 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accet the obligations of registered agent. SIGNATURE Signature, hood or presed name of registered agent and store applicative. (NOTE Registered Agent equation whose remetisting) P. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11TLE NAME ANDERSON, GEORGE D 315 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118 CITY-ST-ZIP CHange Addi NAME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP Change Addi NAME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP Change Addi NAME SIRET ADDRESS SIRET AD	315 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118 2. Principal Place of Business Suite, Apt. #, etc. City & State Country 5. Certificate of Status 6. Name and Address of Current Registered Agent STEWART, CHARLES JR. 535 SILVER BEACH AVENUE DAYTONA BEACH FL 32118 Street Address (P.O. Box Number is Not Address (P.O. Box N	-	
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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.

CITY-ST-ZIP

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

4126103

Daytime Phone #