2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1 9800000685



FILED Mar 18, 2003 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired	pplied For lot Applicab Iditional ed
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGE City & State City & State 4. FEI Number 59-3517454	pplied For lot Applicab Iditional ed
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGE City & State City & State 4. FEI Number 59-3517454	pplied For lot Applicab Iditional ed
City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 A Fee Requ Street Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cc City FL Zip Cc City FL Zip Cc Street Address (P.O. Box Number is Not Acceptable) The obligations of registered agent. Signature. System of registered agent. Signature. System of registered agent. Signature. System of registered agent. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 S. MANAGING MEMBERS/MANAGERS TITLE MGRM USHER, JAMES R MGRM STREET ADDRESS CITY-ST-ZIP TITLE MARE ORLANDO FL 32809 TITLE MARE STREET ADDRESS CITY-ST-ZIP TITLE MARE STREET ADDRESS CITY-ST-ZIP Delete TITLE MARE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE MARE STREET ADDRESS CITY-ST-ZIP TITLE Delete TI	pplied For lot Applicab Iditional ed
Stochaster of Status Desired	dditional ed
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City FL Zip Co City FL Zip Co City FL Zip Co City FL Street Address (P.O. Box Number is Not Acceptable) City FL Zip Co City FL Zip Co City FL Zip Co City FL Zip Co Make Check possible or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. 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 MGRM USHER, JAMES R MGRM USHER, JAMES R MGRM ORLANDO FL 32809 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete Delete TITLE Delete Delete Delete TITLE Delete Del	de
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Street Address (P.O. Box Number is Not Acceptable) City FL City City FL City FL City FL City	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City City FL Zip Co Registered agent, or both, in the State of Florida. I am lamiliar with the obligations of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS TITLE MGRM USHER, JAMES R MGRM G220 S. ORANGE BLOSSOM TR., SUITE 516 ORLANDO FL 32809 Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete	
Eity	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Signature, typed of printed name of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating) DATE	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 Due By May 1,	
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 USHER, JAMES R MGRM Delete NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 TITLE NAME Delete NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change TITLE Delete TITLE Delete TITLE Change TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Dele	
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 USHER, JAMES R MGRM STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Change	
Make Check Payable to Florida Department of State Due By May 1, 2003	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM Delete TITLE NAME USHER, JAMES R MGRM STREET ADDRESS 6220 S. ORANGE BLOSSOM TR., SUITE 516 CITY-ST-ZIP ORLANDO FL 32809 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CHange	
TITLE MGRM Delete USHER, JAMES R MGRM NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP CHAPTER CITY-ST-ZIP	
TITLE MGRM Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Change	☐ Addition
CITY-ST-ZIP ORLANDO FL 32809 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CHange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE TITLE Delete TITLE Change Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change	
TITLE Delete TITLE Change	
L Datete L Change	
NAME NAME	Addition Addition
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Change	Addition
NAME NAME	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
CH1-31-ZF	
Change Line Line Line Line Line Line Line Lin	Addition
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
NAME Delete TITLE Change	
STREET ADDRESS . STREET ADDRESS	☐ Addition
CITY-SI-ZIP CITY-ST-ZIP	☐ Addition

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.