

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001731

1. Entity Name

CUMMING/MCGILLIVRAY, LLC

Principal Place of Business

4303
4401 VINELAND ROAD, SUITE F-16
ORLANDO FL 32811

Mailing Address

4303
4401 VINELAND ROAD, SUITE F-16
ORLANDO FL 32811

2. Principal Place of Business

4303 VINELAND RD.,

Suite, Apt. #, etc.

SUITE F-16

City & State

ORLANDO FL.

Zip
32811

Country
USA

3. Mailing Address

4303 VINELAND RD.,

Suite, Apt. #, etc.

SUITE F-16

City & State

ORLANDO FL

Zip
32811

Country
USA

6. Name and Address of Current Registered Agent

MCGILLIVRAY, IAIN

4405 VINELAND ROAD, SUITE C-11

ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

John McGillivray Principal

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

6000004376406--1
-06/07/01--01124--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FINLAY CUMMING, JAMES 36 GREENSPRING, STE 100 DOVE CANYON CA 92679 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCGILLIVRAY, IAIN 9217 PINE RIDGE TRAIL ORLANDO FL 32819 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 608, Florida Statutes.

SIGNATURE:

John McGillivray IAIN MCGILLIVRAY

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

2/23/01 407-481-0019

Date Daytime Phone #

FILED
2001 JUN -7 AM 10:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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