2000 UNIFORM BUSINESS REPORT (UBR)

L98000002421 **DOCUMENT #** 1. Entity Name GREGORY W. STONER, L.C. Principal Place of Business Mailing Address 200 EAST ROBINSON STREET. SUITE 500 200 EAST ROBINSON STREET. SUITE 500

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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Suite, Apt.	#, etc.		Suite, Apt. #, etc.	#, etc.		-	DO NOT WRITE IN THIS	SPACE		
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City & State	9		City & State	City & State			4. FEI Number APPLIED FOR Applied For Not Applicable			
Zip	Country		Zip	Country		5. Certificate of Status Desired Status Desired Fee Required				
	and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent						
EL ODIDA	TE CURRORT INC			Name						
		ie Support, Inc. N street, Suite 50	a		Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO	, ointen, oone oo									
					City		Fl	FL Zip Code		
8. The above	named entit	y submits this statement	t for the purpose of chang	ging its registere	ed office or regist	ered 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										
	Signature, typeu	or printed harris of registares ag	on the title it applicable.	(10-2) (10-3)			<u> </u>			
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9.		MANAGING MEN	MBERS/MEMBERS	10.			ADDITIONS/CHANGE			
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I nereby 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANUGING MEMBER OR MANAGER