


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # L98000002805</b>						<b>FILED</b> <b>03 APR 18 AM 8:53</b> SECRETARY OF STATE TALLAHASSEE FLORIDA <div style="text-align: right; font-weight: bold; font-size: 1.2em;">MJH</div>																											
<b>1. Entity Name</b> ADVANTAGE CAPITAL FL GP I, L.L.C.				<b>Principal Place of Business</b> 100 N. TAMPA ST., SUITE 2410 TAMPA FL 33602				<b>Mailing Address</b> 100 N. TAMPA ST., SUITE 2410 TAMPA FL 33602																									
<b>2. Principal Place of Business</b> Same as above				<b>3. Mailing Address</b> Same as above				<div style="font-size: 2em; font-weight: bold;">4/18</div> <input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES																									
Suite, Apt. #, etc.				Suite, Apt. #, etc.																													
City & State				City & State																													
Zip		Country		Zip		Country																											
<b>4. FEI Number</b> 65-0876503				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b> COCKSHUTT, TIMOTHY G 100 NORTH TAMPA STREET, SUITE 2410 TAMPA FL 33602				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>																													
<b>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. I am familiar with, and accept the obligations of registered agent.</b>																																	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>																													
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<b>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.</b>																																	
<b>SIGNATURE:</b> <i>Signature of Timothy G. Cockshutt</i>				4/9/03 (813) 221-8700																													
SIGNATURE AND TYPED NAME OF SIGNING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE																																	