2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003290

FILED
01 MAY 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

SECURITY TRUST INCOME FUND LLC

Principal Place of Business	Mailing Address
MAYFAIR AT PALMER RANCH 5094 CENTRAL SARASOTA PARKWAY, SUITE 108 SARASOTA, FLA 34238	

2. Principal Place of Business	3. Mailing Address
Same as above	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0671850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TODD L. MAYO 10611 FRUITVILLE ROAD SARASOTA, FL 34242	Name: DONALD L. MUSOLINO Street Address (P.O. Box Number is Not Acceptable): 5094 CENTRAL SARASOTA PARKWAY #108 City: SARASOTA **FL** Zip Code: 34238

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: X Donald L. Musolino 5-10-01
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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER TODD L. MAYO 10611 FRUITVILLE ROAD SARASOTA, FL 34242 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER DONALD L. MUSOLINO 5094 CENTRAL SARASOTA PKWY. #108 SARASOTA, FL 34238 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PACIFIC CAPITAL CORP. 10611 FRUITVILLE ROAD SARASOTA, FL 34242 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	- ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000004376960--3 -06/08/01--01014--019 *****55.00 *****55.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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: X Donald L. Musolino 5-10-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #