FILED Mar 13, 2002 8:00 am Secretary of State

REIKER, KEN 269 COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-ZIP TITLE NAME REIKER, KEN 269 COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Name	MENT # L99000(EIKER COMPANIES, L.L.C.				Secreta 03-13-2002	ry o	f Sta	ate		
2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City &	Principal Place	e of Business	Mailing Address								
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City & State Country Country Country Country Country Country S. Country City FL Zip Code S. 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 SIGNATURE Signature typed or prined nerve of registered agent and time it applicable. NOTE Registered Agent agreement required when recitationing) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES GITY-ST-2P SHALIMAR FL 32579 Delete SHALIMAR FL 32579 TITLE NAME SIRRET ADDRESS GITY-ST-2P TITLE NAME SIRRET ADDRESS GITY-ST-2P SHALIMAR FL 32579 TITLE NAME SIRRET ADDRESS GITY-ST-2P SHALIMAR FL 32579 TITLE NAME SIRRET ADDRESS GITY-ST-2P SHALIMAR FL 32579 TITLE NAME SIRRET ADDRESS GITY-ST-2P SIRRET ADDRESS GITY-ST-2P SIRRET ADDRESS GITY-ST-2P SIRRET ADDRESS GITY-ST-2P TITLE NAME SIRRET ADDRESS GITY-ST-2P SIRRET ADDRESS GITY-ST-2P TITLE NAME SIRRET ADDRESS GITY-ST-2P TITLE SIGNATURE SIRRET ADDRESS GITY-ST-2P TITLE SIGNATU	2. Principal Pi	ace of Business	3. Mailing Address								
Zip Country Zip Country 5, Certificate of Status Desired Spanual Address of Current Registered Agent 7, Name and Address of New Registered Agent 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 REIKER, KENNETH H 269 COUNTRY CLUB RD SHALIMAR FL 32579 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 Signature, typad or printed name of registered agent and size it applicable. (NOTE: Registered Agent signature required when renessing) CATE PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME SIREET ADDRESS CITY-51-2P SHALIMAR FL 32579 TITLE MEM Delete 1TILE NAME SHEET ADDRESS CITY-51-2P SHALIMAR FL 32579 TITLE MEM Delete 1TILE NAME SHEET ADDRESS CITY-51-2P	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REIKER, KENNETH H 269 COUNTRY CLUB RD SHALIMAR FL 32579 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE City FL Zip Code	City & State		City & State		4. FEI Nu	mber 52-215819	6				
REIKER, KENNETH H 269 COUNTRY CLUB RD SHALIMAR FL 32579 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and late if applicable. (MOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS TITLE NAME REIKER, KEN STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MEM REIKER, KEN 269 COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-2P TITLE MEM REIKER, KEN 269 COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-2P TITLE NAME 269 COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	Zip	Country	Zip	Country	·	5. Certific	ate of Status Desired				
REIKER, KENNETH H 289 COUNTRY CLUB RD SHALIMAR FL 32579 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title 1 applicable. (NOTE: Registered Agent aignature required when reinscaling) Part		6. Name and Address of Current	Registered Agent			7. Name a	and Address of New Re				_
269 COUNTRY CLUB RD SHALIMAR FL 32579 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 Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstaking) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS TITLE MGR REIKER, KEN 269 COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-2IP TITLE MEM REIKER, KEN 269 COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-2IP SHALIMAR FL 32579 TITLE MEM REIKER, KEN 269 COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-2IP SHALIMAR FL 32579 TITLE MAME STREET ADDRESS CITY-ST-2IP TITLE SHALIMAR FL 32579 TITLE Change Additive Additive Additive Additive Change Additive Additive Additive STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP CITY-ST-2IP Additive Additive Additive STREET ADDRESS CITY-ST-2IP Additive Addi				Na	me						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information represents the label to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information represents the label to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information represents the label to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information represents the label to the exemption of the label to the exemption of the label to the lab	NAME STREET ADDRESS CITY-ST-ZIP	portify that the information as a live of the		NAME STREET ADD CITY-ST-ZII	Ρ	ction 110 C	7/3/(i) Florida Statutas 1		······	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.

SIGNATURE:

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

2002 UNIFORM BUSINESS REPORT (UBR)