2001	UNIFORM	BUSINESS	REPORT	(UBR

DOCUMENT# L99000000606 1. Firm place of Bournese Inspire ROUP, LLC. FILED O1 JUN - All 9:38		- Civii	Olim DOS	IIILOO IILI		(0011)	_					
Principial Place of Business 1574 POINTE TARPON BLVD 2. Principial Place of Business 3. Multing Address Sulfa, Apt. 4, doc. City & Sinise City & Sinise City & Sinise Country Do NOT Writte In This SPACE Propried For Sinise A Popilical For Not Application of Sinish Declared Fise Required Fi							•				2	
Pinnipial Place of Business Malling Address September Sept	CLIPPER GROUP, L.L.C.								ED			
1574 POWE TAPPON BLUD TAPPON SPRINGS FL 34689 1.574 POWE TAPPON BLUD TAPPON S	·				_	01 JUN - 1 AM 9:38						
2. Principal Peace of Business 3. Mailing Address	•			-	SLVD			SEGGETALY	CE STAT	E		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State A. FEI Number 59-3555883 Applied For Not Applicable A. FEI Number Sp-3555883 Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Sp-3655883 Sp-3655883 Not Applicable Sp-3655883 Sp-365883 Sp-3				TARPON SPRINGS FL 34	1689	•						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State A. FEI Number 59-3555883 Applied For Not Applicable A. FEI Number Sp-3555883 Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Sp-3655883 Sp-3655883 Not Applicable Sp-3655883 Sp-365883 Sp-3												
City & State City & State City & State City & State Country Country Country Country Country Country Country Country S. Certificate of Status Desired S. S. Od Additional Fee Registered Agent Rame RRADFORD, DENNIS D 1574 POINTE TARPON BLVD. TARPON SPRINGS FL 34689 City FL Zip Code City FL Zip Code	2. Principal Pl	lace of Busin	ess	3. Mailing Address) (85(68)) 8)0)8)18 (8)11 8011 6011 6011	 	96119 81511 8	JEIJO BIII 1001		
Section Sect	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
BRADFORD, DENNIS D 1574 POINTE TARPON BLVD TARPON SPRINGS FL 34689 B. The above named entity submits this parament for the purpose of changing lits registered different of files or registered agent, or both, in the State of Florida. City FL Zip Code	City & State		City & State		4. FEIT	Number 59-3555883						
BRADFORD, DENNIS D 1574 POINTE TARPON BLUD. TARPON SPRINGS FL 34689 8. The above named entity submits this platement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNAMAGING MEMBERS/IVE/MEBERS 10. ADDITIONS/CHANGES MARK Check Pisyable to Department of State READFORD, DENNIS D 1574 POINTE TARPON BLUD 1574 POINTE TARPON SPRINGS FL 34689 TITLE MOME SIREET ADDRESS OTY- 51-28P TITLE MOME SIREET ADDRESS OTY- 51-28P TARPON SPRINGS FL 34689 TITLE MOME SIREET ADDRESS OTY- 51-28P TITLE MOME SIRET ADDRESS O	Zip		Country	Zip	Zip Country		5. Certi	ificate of Status Desired				
1574 POINTE TARPON BLVD. TARPON SPRINGS FL 34689 6. The above named entity submits this septement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGN		6. Name	and Address of Current	Registered Agent		Name	7. Nam	e and Address of New Re	gistered Age	ent		
TARPON SPRINGS FL 34689 8. The above named entity submits this platement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SIGNAT	BRADFORD, DENNIS D				Street Addres	s (P.O. Box N	Number is Not Acceptable)		•			
8. The above named entity systemits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATUR												l
8. The above named entity submits this systement for the purpose of changing its registered agent, or both, in the State of Florida. Signature	TARPON	opningo fi	L 34003		•	City			FL	Zip Code	е	
FILE NOW!! FEE IS \$50.00 Make Check Payable to Department of State	8. The above	named entity	submits this statement for	r the purpose of changing it	s registere	l ed office or regis	tered agent,	or both, in the State of Flori				
FILE NOW!! FEE IS \$50.00 Make Check Payable to Department of State	SIGNIATI IDE	U	D. 18					5	-28-0	 		
MANAGING MEMBERS / MEMBERS 10 ADDITIONS/CHANGES 11 ADDITIONS/CH	SIGNATURE _	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature requ	ired when reinstat	ting)	DATE			1
TITLE MGRM BRADFORD, DENNIS D 1574 POINTE TARPON BLVD TARPON PRINGS FL 34689	ŧ				B							
TITLE MGRM BRADFORD, DENNIS D 1574 POINTE TARPON BLVD TARPON PRINGS FL 34689			MANAGING MEMBE	EDS (MEMBERS	10			ADDITIONS/C	CHANGES			
MAME STREET ADDRESS TARPON DELVD TARPON SPRINGS FL 34689 TITLE NAME STREET ADDRESS TOTY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CIT		MGRM	MAINAGING MEMBE		_	E		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	6
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TIT		BRADFOR				_		9000044	202	39-	9	15
MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								-06/14/	01010 0 00 *	74] ****	127	PEO.
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM		☐ Detete				, , , , , , , , , , , , , , , , , , ,	5.50 E] Change	Addition	3
TARPON SPRINGS FL 34689					STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Piloto -	h					T Change	☐ Addition	}
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				L_1 Delete					_	_ 07,2g0		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				-								
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete] Change	Addition	1
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					CITY	-ST-ZIP						-
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4	. •		☐ Delete] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTAL TITLE TITLE NAME CHANGE CHANGE TITLE NAME CHANGE CHANG					STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP NAME CITY-ST-ZIP NAME CITY-ST-ZIP				П						7 Change ·	Addition	-
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP				L_J Delete					L	T ∩usu∂s.	Munition	
	STREET ADDRESS											
		ertify that the	e information supplied with	this filing does not qualify f			Section 119	.07(3)(i), Florida Statutes. I	further certify	that the ir	nformation	1

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 empewered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

5-28-01 727-934-3709