

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000000917

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: NOSONS LIMITED COMPANY

Current Principal Place of Business:

730 BIRDIE VIEW POINT
SANIBEL ISLAND, FL 33957

New Principal Place of Business:

1633 PERIWINKLE WAY
SUITE A
SANIBEL ISLAND, FL 33957 US

Current Mailing Address:

730 BIRDIE VIEW POINT
SANIBEL ISLAND, FL 33957

New Mailing Address:

1633 PERIWINKLE WAY
SUITE A
SANIBEL ISLAND, FL 33957 US

FEI Number: 65-0960473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RATLIFF, ROBERT LEE III
730 BIRDIE VIEW POINT
SANIBEL ISLAND, FL 33957

Name and Address of New Registered Agent:

MURTY, TIMOTHY J
1633 PERIWINKLE WAY
SUITE A
SANIBEL ISLAND, FL 33957 US

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: TIMOTHY J. MURTY

04/29/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: EDMONDSON WATSON, CLIVE
Address: 730 BIRDIE VIEW POINT
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: MGRM () Delete
Name: WATSON, BRENDA NORMA
Address: 730 BIRDIE VIEW POINT
City-St-Zip: SANIBEL ISLAND, FL 33957

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EDMONDSON WATSON, CLIVE
Address: 1633 PERIWINKLE WAY, SUITE A
City-St-Zip: SANIBEL ISLAND, FL 33957 US

Title: MGRM (X) Change () Addition
Name: WATSON, BRENDA NORMA
Address: 1633 PERIWINKLE WAY, SUITE A
City-St-Zip: SANIBEL ISLAND, FL 33957 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CLIVE EDMONDSON WATSON

MGRM

04/29/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date