

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 30, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000000941****1. Entity Name**
MARY ELLEN PROPERTIES, LLC

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| Principal Place of Business 2607 S. KINGS AVE. BRANDON 33511 | Mailing Address 3110 LAKE ELLEN DRIVE TAMPA 33618 |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
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| 4. FEI Number 59-3569085 | Applied For <input type="checkbox"/> Not Applicable |
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DO NOT WRITE IN THIS SPACE

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|------------|----------------|------------|----------------|--|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MITCHELL GEORGE 2607 S. KINGS AVE BRANDON 33511 US | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | 06/30/2001 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 | MGRM HANSMA MARY C 3110 LAKE ELLEN DRIVE TAMPA FL 33618 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HANSMA DAVID P 3110 LAKE ELLEN DRIVE TAMPA FL 33618 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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|-----------------------------------|-------------|-------------------|
| SIGNATURE: David P. Hansma | MGRM | 06/30/2001 |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)