2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am § DOCUMENT # L9900001465 Secretary of State 1. Entity Name 03-24-2002 90037 049 ****50.00 SENPAO ENTERPRISES, L.C. Mailing Address Principal Place of Business P.O. BOX 1192 5932 BLAKEFORD DRIVE WINDERMERE FL 32786 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Ø 7 GUNDAIL LOPH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE Applied For City & State City & State 4. FEI Number 59-3564755 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired ---Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POHL & SHORT, P.A. Street Address (P.O. Box Number is Not Acceptable) 280 W. CANTON AVENUE, SUITE 410 WINTER PARK FL 32789 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Addition TITLE Change TITLE **MGRM** Delete NAME NAME SENIOR, MIGUEL STREET ADDRESS STREET ADDRESS **5926 BLAKEFORD DRIVE** CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 32786 TITLE Change ☐ Addition Delete TITLE **MGRM** NAME NAME SENIOR, MAGALY STREET ADDRESS STREET ADDRESS **5926 BLAKEFORD DRIVE** CITY_ST-ZIP CITY-ST-7IP WINDERMERE FL-32786 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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 NO. 12 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/3/02

4079030134

Daytime Phone #

FILED