

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000002495

FILED
Apr 15, 2003
Secretary of State

Entity Name: TALICO DEVELOPMENTAL SYSTEMS, L.C.

Current Principal Place of Business:

4375-4 SOUTHSIDE BLVD., SUITE 152
JACKSONVILLE, FL 32216

New Principal Place of Business:

4304 BLUE HERON DR.
PONTE VEDRA, FL 32082 US

Current Mailing Address:

4375-4 SOUTHSIDE BLVD., SUITE 152
JACKSONVILLE, FL 32216

New Mailing Address:

P.O. BOX 3658
PONTE VEDRA BEACH, FL 320043658 US

FEI Number: 59-3588762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAGLIAFERRI, LOUIS
4375-4 SOUTHSIDE BLVD., STE. 152
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

TAGLIAFERRI, LOUIS
4304 BLUE HERON DR.
PONTE VEDRA, FL 32082 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:

04/15/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: TAGLIAFERRI, LOUIS E
Address: 4304 BLUE HERON DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: TAGLIAFERRI, JUDITH B
Address: 4304 BLUE HERON DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LOUIS E. TAGLIAFERRI

MGR

04/15/2003

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