2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 APR -6 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002518

1. Entity Name

EIRE ~~JACKSONVILLE~~ OMAHA FLORIDA L.L.C.

Principal Place of Business: 1801 NE FOURTH STREET, SUITE 200, BOYNTON BEACH FL. 33435

Mailing Address: Same

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0923902 — Applied For — Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent:

MARK D. SPILLANE
1801 NE FOURTH STREET
SUITE 200
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent:

Name

Street Address (P.O. Box Number is Not Acceptable)

City — FL — Zip Code

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: MARK D. SPILLANE.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
TITLE: MANAGER NAME: MARK D SPILLANE STREET ADDRESS: 1801 NE FOURTH STREET CITY-ST-ZIP: SUITE 200 BOYNTON BEACH, FL 33435	☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 400003219844--8 -04/24/00--01034--011 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 it 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: 3/8/00 (561) 742-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #