## **2000 UNIFORM BUSINESS REPORT (UBR)**

| DOCUMENT # L9900002654  1. Entity Name CBDR FLORIDA, L.L.C.  |  |                                 |                         |                                   |   | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  OO FEB 24 PM 12: 01 |                       |                                       |                             |  |
|--|--|---------------------------------|-------------------------|-----------------------------------|---|--|-----------------------|---------------------------------------|-----------------------------|--|
| Principal Plac   | ce of Business   | Mailing Address                 | ·                       |                                   | ,   |  | ال<br>                | e                                     |                             |  |
| 100 EAST ANDERSON LANE, SUITE 200  100 EAST ANDERSON LANE. SUITE 200  AUSTIN TX 78752  AUSTIN TX 78752 |  |                                 |                         |                                   |   | N. T.C.  | Astr medis eers de    | 21 <b>0</b> 1202 <b>0 1</b> 11101     | elili bisi lsel             |  |
| Principal Place of Business     3. Mailing Address   |  |                                 |                         |                                   |   |  |                       |                                       |                             |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |                                 |                         |                                   |   | DO NOT WRITE IN THIS SPACE   |                       |                                       |                             |  |
| City & State City & State  |  |                                 |                         |                                   |   | Number<br>F- 290 7 7 3 3   |                       | <del></del>                           | pplied For<br>ot Applicable |  |
| Zip  | Zip CountryZip   |                                 | p Country               |                                   | <b>5.</b> Cer                                 | dificate of Status Desired   |                       | 5.00 Add<br>ee Require                |                             |  |
| Name and Address of Current Registered Agent   |  |                                 |                         |                                   | 7. Nan  | e and Address of New   | Registered A          | gent                                  |                             |  |
| CORPORATION SERVICE COMPANY  |  |                                 |                         | Name                              | Ivanie  |  |                       |                                       |                             |  |
| 1201 HAYS STREET   |  |                                 |                         | Street Add                        | t Address (P.O. Box Number is Not Acceptable) |  |                       |                                       |                             |  |
| TALLAHASSEE FL 32301-2525  |  |                                 |                         |                                   |   |  |                       |                                       |                             |  |
|  |  |                                 |                         | City                              |   |  | FL                    | Zip Cod                               | e                           |  |
| 8. The above   | named entity submits this statement for  | the purpose of changing its     | egistere                | ed office or re                   | egistered agent,                              | or both, in the State of F   | orida.                | <u> </u>                              |                             |  |
| SIGNATURE  | Signature, typed or printed name of registered agent a   | and title if applicable. (NOTE: | Registere               | d Agent signature                 | required when reinsta                         | ting)  | DATE                  |                                       |                             |  |
|  |  | FILE NO<br>Make Check Pay       |                         | FEE IS \$50<br>o Departmo         |   |  |                       |                                       |                             |  |
| 9.   | MANAGING MEMBE   | <del></del>                     | 10.                     |                                   |   | ADDITIONS  | /CHANGES              |                                       |                             |  |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP  | MGRM<br>CERNY, CHARLES<br>339 ALLEN CIRCLE<br>GEORGETOWN TX 78626  | Deliste                         |                         | l l                               | m   | 317100   |                       | Change                                | Addition                    |  |
| TITLE<br>WAME<br>STREET ADDRESS<br>CITY-ST-21P   | MGRM<br>BASSETT, RANDAL D<br>100 EAST ANDERSON LANE, SUI<br>AUSTIN TX 78752  | □ Defecto TTE 200               |                         | ì                                 |   | 100003<br>-03/0<br>****  | <b>164</b> 3<br>3/000 | □ Change<br>3:3:1 -<br>1095<br>****** | □ <b>Addition</b>           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM<br>DURHMAN, STEVEN J<br>100 EAST ANDERSON LANE, SUI<br>AUSTIN TX 78752  | TE 200                          |                         | 1                                 |   |  |                       | Change                                | ☐ Addition                  |  |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP  | MGRM<br>RUSSELL, CHARLOTTE<br>30800 BERRY CREEK<br>GEORGETOWN TX 78628   | ☐ Delicta                       |                         | E<br>ET ADDRESS                   | 3304 N  | .E. 37th Str<br>lerdale, FL  | eet                   | ⊠ Chanya                              | ( Addition                  |  |
| TITLE<br>NAME <sup>®</sup><br>STREET ADDRESS<br>CITY-ST-ZIP  | The state of the s | ☐ Delete                        |                         |                                   |   | <u> </u>   |                       | Change                                | Addition                    |  |
| TITLE MANE STREET ADDRESS CITY-21-21P  |  | ☐ Deleta                        | TITLE<br>MANU<br>STREET | -                                 |   |  |                       | Change                                | Addition                    |  |
| 11. I hereby of indicated  | certify that the information supplied with<br>on this report is true and accurate and<br>bility company or the receiver or trustee   | that my signature shall have th | the exer                | mption stated<br>e legal effect : | as if made unde                               | er oath; that I am a mana  |                       |                                       |                             |  |

SIGNATURE: LISTONIED TO PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

Z 18 00 (512) 833-6444

Date Daytime Phone #