FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90577 017 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003458

30066684

1. Entity Name
TRIPLE-O FUNDING, L.L.C.

Principal Place of Business
~~3485~~ WELLINGTON RD
PENSACOLA, FL 32504

Mailing Address
~~P.O. BOX 10746~~
~~PENSACOLA~~, FL 32524

2. Principal Place of Business: 3485 Wellington Rd
Suite, Apt. #, etc.
City & State
Zip — Country

3. Mailing Address: 3485 Wellington Rd
Suite, Apt. #, etc.
City & State: Pensacola FL
Zip: 32504 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3638211 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

OLNEY, RICHARD B JR
3485 WELLINGTON RD
PENSACOLA, FL 32504

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
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 Florida Department of State
Due By MAY 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OLNEY, RICHARD B JR ~~P.O. BOX 10746~~ 3485 Wellington PENSACOLA, FL 32504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OLNEY, COLLEN S ~~P.O. BOX 10746~~ 3485 Wellington PENSACOLA, FL 32504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OLNEY, RICHARD B SR. 1200 FT. PICKENS RD. #8-A PENSACOLA, FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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.

SIGNATURE: [signature] 4-30-03 850-479-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #