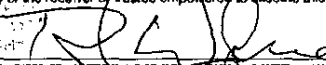


FILED
May 02, 2003 8:00 am
Secretary of State

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

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003458			
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.		3. Mailing Address 3485 Wellington Rd Suite, Apt. #, etc.	
City & State Pensacola FL		4. FEI Number 58-3638211	
Zip 32504		Applied For Not Applicable	
Country		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 _____ (NOTE: Registered Agent signature required when requesting)			
DATE _____			
9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	☐ Delete	
NAME	OLNEY, RICHARD B JR	P.O. BOX 10746 3485 Wellington	
STREET ADDRESS	P.O. BOX 10746	PENSACOLA, FL 32504	
CITY-ST-ZIP	PENSACOLA, FL 32504		
TITLE	MGRM	☐ Delete	
NAME	OLNEY, COLLEN S	P.O. BOX 10746 3485 Wellington	
STREET ADDRESS	P.O. BOX 10746	PENSACOLA, FL 32504	
CITY-ST-ZIP	PENSACOLA, FL 32504		
TITLE	MGRM	☐ Delete	
NAME	OLNEY, RICHARD B SR	1200 FT. PICKENS RD. #8-A	
STREET ADDRESS	1200 FT. PICKENS RD. #8-A	PENSACOLA, FL 32561	
CITY-ST-ZIP	PENSACOLA, FL 32561		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
10. ADDITIONS/CHANGES			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
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 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 806, Florida Statutes.			
SIGNATURE: 		5850- 4-30-03 479-3343	
SIGNATURE AND TYPED OR PRINTED NAME OF NON-MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2003 (10/02)