2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003914

1. Entity Name

BSI HOLDINGS, LC

Principal Place of Business	Mailing Address
C/O CARTER B. MCCAIN	C/O CARTER B. MCCAIN
400 NORTH TAMPA STREET. SUITE 2300	400 NORTH TAMPA STREET. SUITE 2300
TAMPA FL 33602	TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip	Country	Zip	Country	**4.** FEI Number 59-3586661	Applied For
					Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCAIN, CARTER B	Name
400 NORTH TAMPA STREET, SUITE 2300	Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33602	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 _____

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 **MGR**	☐ Delete	TITLE	☐ Change	☐ Addition
NAME **STEPHENS, ROBERT**		NAME		
STREET ADDRESS **P.O. BOX 145**		STREET ADDRESS		
CITY-ST-ZIP **MANGO FL 33550**		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS	800003708608---1	
CITY-ST-ZIP		CITY-ST-ZIP	-02/19/01--01008--005	
TITLE	☐ Delete	TITLE	****50.00	☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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 608, Florida Statutes.

SIGNATURE: _____   Feb 5, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)