


2001 UNIFORM BUSINESS REPORT (UBR)

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|---|---|---|--|--|--|
| DOCUMENT # L99000003920 1. Entity Name PLANT CITY BLIMPIE TEXACO LEASING, LLC | | | | FILED 01 SEP 19 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business C/O UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156 | | Mailing Address 1775 THE EXCHANGE, SUITE 600 ATLANTA GA 30339 | |  DO NOT WRITE IN THIS SPACE | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 65-0457519 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI FL 33156 | | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State | | | | 700004611457--8 -09/26/01--01012--022 *****50.00 *****50.00 | |
| 9. MANAGING MEMBERS/MEMBERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR POMPEO, PATRICK J 740 BROADWAY, 12TH FLOOR NEW YORK NY 10003 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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]

6/18/01

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CR2E083 (11/00)