2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L99000003987

1. Entity Name

GREAT AMERICAN RODEO, L.L.C.

Principal Place of Business	Mailing Address
200 EAST ROBINSON STREET SUITE 1160 ORLANDO FL 32801	P.O. BOX 2188 WINTER PARK FL 32790-2188

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

Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

MPM

4. FEI Number   59-3587892   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
ELROD, THOMAS R 200 EAST ROBINSON STREET SUITE 1160 ORLANDO FL 32801	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 _Adam R. Elrod – President_   407-423-8810   4/18/00

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

	Col 9	Delete		Col 10	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELROD, THOMAS R P.O. BOX 2188 WINTER PARK FL 32790	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHMITT, DAVID 210 WEST MAIN STREET, SUITE 201 TUSTIN CA 92780	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003238709---5 -05/03/00--01155--018 *****50.00 *****50.00	☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

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: _____ REQUIRED   4/18/00   407-423-8810

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