APPROVED

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

L99000004266 DOCUMENT # 1. Entity Name 00 APR 13 PM 3:55 WILKUR, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1945-17TH STREET 1945-17TH STREET SARASOTA FL 34234 SARASOTA FL 34234-7504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MUM City & State City & State Applied For Not Applicable Zip \$5.00 Additional Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent liusoni-WILSON, CHARLES H O. Box Number is Not Acceptable) 1945-17TH STREET SARASOTA FL 34234 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) -- FILE: NOW!!!= FEE IS \$50.00 Make Check Payable to Department of State SUBJECT OF SUBJECT i cutil MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Change Addition WILSON, CHARLES H KAME 500003224185--8 -04/26/00--01016--006 1945-17TH STREET STREET ADDRESS STREET ADDRESS SARASOTA FL 34234 CITY-ST-ZIP *****50.00 ** Change U. Landition Desireta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-8T-ZIP 🗌 Delete Change ☐ Addition 1IME TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-87-ZIP CHTY- RT- ZIP Change Addition TITLE 🗌 Delete TITLE MAME MAME STREET 4 DORESS STREET ADDRESS CITY "T-ZIP CITY- ST- 71P ☐ Delete TITLE Change (Caption) MAME MAME STREET ADDRESS STREET ADDRESS CITY-8T-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 religiver or trustee empoyered to secute this report as required by Chapter 608, Florida Statutes.