

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000005068**1. Entity Name  
**MILLHORN & MUNDIE, L.L.C.**

Principal Place of Business 10935 SE 117TH PLACE, SUITE 204  SUMMERFIELD FL 34491	Mailing Address 10935 SE 117TH PLACE, SUITE 204  SUMMERFIELD FL 34491
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2. Principal Place of Business 13710 US 441 Suite, Apt. #, etc. SUITE 100 City & State LADY LAKE FL	3. Mailing Address 13710 US 441 Suite, Apt. #, etc. SUITE 100 City & State LADY LAKE FL
Zip 32159	Country US

4. FEI Number  
**59-3602076**  
Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  MUNDIE FRED WJR. 10935 SE 117TH PLACE, SUITE 204  SUMMERFIELD FL 34491	7. Name and Address of New Registered Agent Name MUNDIE FRED WJR. Street Address (P.O. Box Number is Not Acceptable) 13710 US 441 SUITE 100 City LADY LAKE FL Zip Code 32159
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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 **FRED W. MUNDIE, JR.** 04/30/2001  
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLHORN FRED WJR. PA 10935 SE 117TH PLACE, SUITE 204 SUMMERFIELD FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNDIE FRED WJR. PA 13710 US 441, SUITE 100 LADY LAKE FL 32159 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLHORN MICHAEL DP.A. 10935 SE 117TH PLACE, SUITE 204 SUMMERFIELD FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLHORN MICHAEL DP.A. 13710 US 441, SUITE 100 LADY LAKE FL 32159 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **FRED W. MUNDIE, JR.** MGR 04/30/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)