LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L99000005193

1. Entity Name

DUE WEST, L.L.C.

SIGNATURE:

FILED Jul 02, 2002 8:00 am Secretary of State 07-02-2002 90817 005 ****55.00

6-28-02 407-740-8247

DOCUMENT#

DO NOT WRITE IN THIS SPACE 969666 3. Mailing Address
400 North New Yer Ark. 2. Principal Place of Business
400 N. New York Ave. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Svite 114 Applied For R. 59-3595536 Not Applicable Country USA \$5.00 Additional Fee Required Country 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Leo J. Poinsette DO NOT WRITE IN THIS SPACE 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 FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 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 laustee empowered to execute this report as required by Chapter 608, Florida Statutes.