2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9900005379

1. Entity Name

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04-21-2003 90128 015 ****50.00

FILED

Apr 21, 2003 8:00 am Secretary of State

Principal Place of Business Mailing Address 100 SECOND AVENUE SOUTH, SUITE 904 100 SECOND AVENUE SOUTH, SUITE 904 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3595047 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAZOOK, RICHARD J Street Address (P.O. Box Number is Not Acceptable) C/O FOLEY & LARDNER 800 BRICKELL AVENUE, SUITE 201 MIAMI FL 33131 City 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. I am familiar with, and accept the obligations of registered agent. 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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ☐ Addition TITLE ☐ Delete TITLE ☐ Chance RAZOOK, FRED S JR. NAME NAME STREET ADDRESS STREET ADDRESS 330 COFFEE POT RIVIERA, N.E. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAZOOK, RICHARD J NAME NAME STREET ADDRESS STREET ADDRESS 800 BRICKELL AVENUE, SUITE 201 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 MGR TITLE Delete TITLE ☐ Change ☐ Addition MOENCH, CHRISTOPHER'S-NAME NAME - -STREET ADDRESS STREET ADDRESS 1101 SNELL ISLE BOULEVARD, N.E. CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33704-3855 MGR TITLE ☐ Delete TITLE Change ☐ Addition SALZER, BRADLEY S NAME NAME STREET ADDRESS 3322 JEAN CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** MGR TITLE Delete TITLE Change ☐ Addition NAME RUTLEDGE, J. MARK NAME STREET ADDRESS STREET ADDRESS 1257 SNELL ISLE BOULEVARD, N.E. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704-6211 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP

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.

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

SIGNATURE: