

WUEN, 1910

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -5 PM 4:45

UJH

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|----------------|
| 4. FEI Number 65-0951780 | Applied For |
| | Not Applicable |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| | |
| P.O. Box Number is Not Acceptable) | |
| | |
| FL | Zip Code |

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 9. MANAGING MEMBERS/MEMBERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM J. KIMPTON HONEY 9600 EAGLE PRESERVE DRIVE ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM William A Hanley Jr. Po Box 1123 Boca Grande FL 33921 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM WILLIAM K. LYONS 825 WRIGHT ST. ENGLEWOOD FL 34223 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 7000003676177-6 02/13/01 01042 010 *****50.00 *****50.00 |
| 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 |
| 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 |
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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 |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING CHAIRMAN, MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date: _____

Daytime Phone #

CR2E083 (11/00)