2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State L99000006366 DOCUMENT # 1. Entity Name 04-18-2002 90382 025 ****50.00 TIME AND SPACE PARTNER, LLC Principal Place of Business Mailing Address 1211 RAINBOW AVENUE 1211 RAINBOW AVENUE PENSACOLA FL 32505 PENSACOLA FL 32505 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3614035 Not Applicable Country Zip Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CROWLEY, J. TRENT Street Address (P.O. Box Number is Not Acceptable) $D_{\mathbf{L}}$ 1211 RAINBOW AVENUE I PENSACOLA FL 32505 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change Addition Delete TITLE MGRM TITLE NAME NAME dye, kip h STREET ADDRESS STREET ADDRESS 1211 RAINBOW AVENUE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete ... TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

BIGNATURE AND STREED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/02 (850)457-0110 Date Dayling Phone #