

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM
Secretary of State****DOCUMENT # L99000009268****1. Entity Name**
ROWENA REALTY LLC

| | |
|--------------------------------------|--------------------------------------|
| Principal Place of Business | Mailing Address |
| 601 NORTH NEW YORK AVENUE, SUITE 101 | 601 NORTH NEW YORK AVENUE, SUITE 101 |
| WINTER PARK FL 32789 | WINTER PARK FL 32789 |

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| 2201 GILLIS COURT | 2201 GILLIS COURT |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------|-------------------------|
| City & State | City & State |
| MAITLAND FL | MAITLAND FL |
| Zip | Country |
| 32751 | US |

| | |
|----------------------|---|
| 4. FEI Number | Applied For |
| 59-3630899 | <input type="checkbox"/> Not Applicable |

| | |
|---|--|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$5.00 Additional Fee Required |
|---|--|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIMMONS STEPHEN P
601 NORTH NEW YORK AVENUE, SUITE 101

WINTER PARK FL 32789 US

7. Name and Address of New Registered Agent

Name
BANKS GERALD F
Street Address (P.O. Box Number is Not Acceptable)
2201 GILLIS COURT

City
MAITLAND FL Zip Code
32751

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 GERALD F BANKS****04/10/2001**

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**

| | | |
|-----------------------|----------------------|---|
| TITLE | MGR | <input checked="" type="checkbox"/> Delete |
| NAME | SIMMONS STEPHEN P | |
| STREET ADDRESS | 2301 FORREST ROAD | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | |
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | BANKS GERALD F | |
| STREET ADDRESS | 2201 GILLIS COURT | |
| CITY-ST-ZIP | MAITLAND FL 32751 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS / CHANGES

| | | |
|-----------------------|--|--|
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: Gerald F Banks****Mgr****04/10/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)