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DOCU 1. Entity Nam	MENT # MO	0000000002		FILEU STATE	
· · · · · · · · · · · · · · · · · · ·				FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS	
				00 OCT -3 AMII: 02	
Principal Plac	e of Business	Mailing Address		0 00 00	
100 PIERCE S	75	100 PIERCE ST			
SUITE 1101 CLEARWATER	FL 33755	Suite 1101 Clearwater Fl 33755		V	
012/ WWW.					
	lace of Business	3. Mailing Address	nd St.	- I TROUBEN IN BEHIT BONK BONK BONK BONK BONK BONK BONK BONK	
Suite, Apt.	<u>Cleveland St.</u>	601 Clevelar Suite, Apt. #, etc.	na si.	DO NOT WRITE IN THIS SPACE	
Sui	te 330	Suite 330			
City & Stat	rwater, FL	City & State Clearwater	· FL	4. FEI Number 39-3607094 Applied For Not Applicable	
Zip	Country	Zip	Country 4	5 Cortificate of Status Desired \$5.00 Additional	
3375	6. Name and Address of C	33755	USA	77. Name and Address of New Registered Agent	
	o. Harrie and Address of C		Name School:	TU I A LID	
ELLENBU	RG, GERALD D		Street Address	s (P.O. Box Number is Not Acceptable)	
100 PIER	/ 1	Cleveland St.			
SUITE-110	1 1		Suite	330	
CLEARWA	TER FL 33755		<sup>City</sup> Clear	rwater FL   zip Code 755	
8. The above	named ontity coomits this state	ment for the purpose of changing its re-	gistered office or registe	tered agent, or both, in the State of Florida.	
SIGNATURE .	yww,	Y		27 Sept 2000	
Signature, type or printed name of resistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
	' //		VIII FEE IS \$50.00		
		Make Check Paya	ible to Department	of State	
9,	MANAGING I	MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE	MGR	☐ Detete	TITLE	. Change Addition	
NAME Street address	ELLENBURG, GERALD	n 601 Cleveland St.	NAME STREET ADDRESS	, c	
CITY-ST-ZIP	CLEARWATER FL 33755	Suite 330	CITY-ST-ZIP	. Change Addition	
TITLE		☐ Delete	TITLE	2000034179型9	
NAME Street address			NAME STREET ADDRESS	-10/05/0001143014 *****55.00 ******55.00	
CITY-ST-ZIP			CITY-ST-ZIP	1	
TITLE -	<b>=</b> == ′	- □ Delete	TITLE	Change Addition	
NAME STREET ADDRESS		·	STREET ADDRESS		
CITY-ST-ZIP		······································	CITY-ST-ZIP		
TITLE NAME		Oetete	TITLE NAME	Change Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	<del></del>		CITY-ST-ZIP		
TITLE NAME	مستطيعت	Delete :	TITLE NAME	Change Addition	
STREET ADDRESS		•	STREET ADDRESS		
CITY-ST-ZIP		·	CITY-ST-ZIP	Change C Addition	
TITLE NAME		Delete	TITLE NAME	Change Addition	
STREET ADDRESS		//	STREET ADDRESS	· •	
CITY-ST-ZIP	ertify that the information supplies	ied with this tiling does not qualify for th	CITY-ST-ZIP	Section 119.07(3)(i) Florida Statutos I further cartify that the information	
11. I hereby certify that the information supplied with this filling 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 he 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 employeed to explain the report as required by Chapter 608, Florida Statutes.					
CRONIT					
SIGNATURE: SIGNATURE REQUIRED 27 Sept 2000 727-469-8900  SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER Date Date Date Deptime Proces					
		OR PRINTED NAME OF SIGNING VALAGING MEI	MBER OR MANAGER	Date Daytime Phone #	