2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2002 8:00 am Secretary of State DOCUMENT # M0000000160 1. Entity Name 05-22-2002 90217 028 ****50.00 E. W. BURTON, LLC Principal Place of Business Mailing Address 165 CHAPEL ST. 165 CHAPEL ST. 966372 STRATFORD CT 06614 STRATFORD CT 06614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 06-1563359 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURTON, KENNETH A Street Address (P.O. Box Number is Not Acceptable) 14101 CYPRESS CIRCLE **TAMPA FL 33624** 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. SIGNATURE 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE Change Addition NAME BURTON, KENNETH A NAME STREET ADDRESS 14101 CYPRESS CIRCLE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-ZIP ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. Thereby 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED I

(9/01)