2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000224

1. Entity Name

MEDITERRANEAN, L.L.C.

Principal Place of Business	Mailing Address
52 CORPORATE CIRCLE P.O. BOX 21789 ALBANY NY 12212-2769	52 CORPORATE CIRCLE P.O. BOX 21789 ALBANY NY 12212-2769

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 302 Washington Ave Ext Suite, Apt. #, etc.	3. Mailing Address P.O.B 12789 Suite, Apt. #, etc.
City & State **Albany NY** Zip 12203 Country	City & State **Albany NY** Zip 12203 Country

4. FEI Number **14-0807759**   Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEYER, GEORGE J CARLTON FIELDS ONE HARBOUR PLACE, 777 S. HARBOUR ISL BLVD TAMPA FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	DUKE, DONALD LED		NAME		
STREET ADDRESS	52 CORPORATE CIRCLE		STREET ADDRESS	302 Washington Ave Ext	
CITY-ST-ZIP	ALBANY NY 12203		CITY-ST-ZIP	Albany NY 12203	
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	NICOLLA, JIO		NAME		
STREET ADDRESS	30 CORPORATE CIRCLE		STREET ADDRESS	302 Washington Ave Ext	
CITY-ST-ZIP	ALBANY NY 12203		CITY-ST-ZIP	Albany NY 12203	
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SULLIVAN, JOHN K		NAME		
STREET ADDRESS	52 CORPORATE CIRCLE		STREET ADDRESS	302 Washington Ave Ext	
CITY-ST-ZIP	ALBANY NY 12203		CITY-ST-ZIP	Albany NY 12203	
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		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (9/01)

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: _SIGNATURE REQUIRED_   5/8/02   518. 452-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #