2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90020 021 ****50.00

	UMENT # MOOOOC Name OF FLORIDA NO. 2, LLC	1001389						
=	Place of Business	Mailing Address			┥	300371	730	
17 COMMERCE STREET BALTIMORE MD 21202		5050 POPLAL AVE., SUITE 1800 MEMPHIS TN 38157						
2. Principa	al Place of Business	3. Mailing Address	 _	<u>;</u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & SI	tate	City & State	 _		4. FEI Number	52-2254469		Applied For
Z ip	Country	Zip	Countr	у	5. Certificate of	Status Desired [\$5.00	Not Applicab Additional
	6. Name and Address of Current	Registered Agent			-7- Name and Ad	dress Of New Regis	Fee Requ	ired —
· n 1	, -			Name	A	· · · · · · · · · · · · · · · · · · ·	rei en Wauji	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Street Address (P.O. Box Number is Not Acceptable)				
	•						<u>. </u>	
	re named entity submits this statement for			City			FL Zip Co	ode
	Signeture, typed or printed name of registered egent			ent signature required to	when reinstating)		DATE	
GNATURE	Signature, typed or printed name of registered agent.	FILE N Make Check Payal Do	NOW!!! FE	E IS \$50.00 da Departmen			DATE	
TE .	Signeture, typed or printed name of registered agent	FILE M Make Check Payal Do RS/MANAGERS	NOW!!! FE ble to Flori ue 8y May	E IS \$50.00 da Departmen		ADDITIONS/CHAI		
	Signature, typed or printed name of registered agent. MANAGING MEMBE P SWATLEY, TERRY	FILE N Make Check Payal Do	NOW!!! FE ble to Flori ue By May	E IS \$50.00 da Departmen				☐ Addition
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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: WOLGHARDE REQUIRED

1/7/03

901 767 1455 Daving Phone 8