## 2001 UNIFORM BUSINESS REPORT (UBR)

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

SZ - 2282951   Not App   St. Certificate of Status Desired   \$5.00 Additional   \$5.00 A				(,			
Principal Place of Business Mailing Address [Plu7] US 19 North, Suite 499 Clearwater, FL 33764  2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired Fee Required Fee Required  Country  Country  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  City & State  City & State  City & State  City & State  Country  Country  Country  Street Address (PO. Box Number is Not Acceptable)  City Code  TALLAHASSEE, FL 3 2 3 01  City  FL Zip Code  Street Address (PO. Box Number is Not Acceptable)  FILE NOW!!! FEE IS \$50.00  Matc Check Payable to Department of State  PS MANAGING MEMBERS / MEMB		110000002	2644				
SICH AND PRICE OF BUSINESS   SUITE	GULFWIND SOUTH, LLC				FILED		
Clearwater, FL 33744	•				I		
Suite, Apt. #, etc.  Suite, Ap				•	I SEUNT BART HE STAIN		
City & State  Country	2. Principal Place of Business 3. Mailing A 52			F2951			
Zip Country Zip Country 5. Certificate of Status Desired 55.00 Additions Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  CORP DIRECT AGENTS  163 N. MERIDIAN STREET  LOWER LEVEL  TALLAHASSEE, FL 3 2 3 6 1 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 reinstance)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  A ADDITIONS/CHANGES  TITLE  NAME  PS  MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required	City & State City &		City & State		4. FEI Number 52 - 2282951	Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CORPORECT AGENTS  163 N. MERIDIAN STREET  LOWER LEVEL  TALLAHASSEE FL 3 2 3 0 1 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, Speed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when rentating)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  a  ADDITIONS/CHANGES  ITILE  NAME  SIREI ADDRESS  CITY-ST-2P  CITY-	Zip	Country	Zip	Country		\$5.00 Additional	
Street Address (P.O. Box Number is Not Acceptable)  LOWER LEVEL  TALLAHASSEE, FL 3 2 3 0 1  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, hoed 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 Rayable to Department of, State  9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  TITLE  PIS  LERRY L MARSHALL  SIRRET ADDRESS  CITY-ST-ZIP	i	6. Name and Address of Current F	Registered Agent	N	7. Name and Address of New Registere		
LOWER LEVEL  TALLAHASSEE, FL 32301  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 segnature required when renotating)  Make Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  C	CORPDIRECT AGENTS						
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 reinstaining)  PIE NOW!!! FEE IS \$50.00  Make Check Rayable to Department of State  9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  ITILE  NAME  LERRY L MARSHALL  NAME  LERRY L MARSHALL  STREET ADDRESS  (IFV-ST-ZIP)  CLEARWATER, FL 3376-4  TITLE  NAME  WILLIAM H. MCGILL, J.R.  STREET ADDRESS  CITY-ST-ZIP  CLEARWATER, FL 3376-4  CITY-ST-ZIP  CLEARWATER, FL 3376-4  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CLEARWATER, FL 3376-4  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CLEARWATER, FL 3376-4  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CLEARWATER, FL 3376-4  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CLEARWATER, FL 3376-4  Delete  TITLE  NAME			REET	Street Address	(P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
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 reinstaining)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  a. ADDITIONS/CHANGES  ITILE  PIS  MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  ITILE  NAME  JERRY L MARSHALL  NAME  JERRY L MARSHALL  STREET ADDRESS  (SIV-ST-ZIP)  CLEARWATER, FL 33764  TITLE  NAME  WILLIAM M. MCGILL, JR.  STREET ADDRESS  CITY-ST-ZIP  CLEARWATER, FL 33764  CITY-ST-ZIP  CLEARWATER, FL 33764  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CLEARWATER, FL 33764  CITY-ST-ZIP  CLEARWATER, FL 33764  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CLEARWATER, FL 33764  CITY-ST-ZIP  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CLEARWATER, FL 33764  CITY-ST-ZIP  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CLEARWATER, FL 33764  CITY-ST-ZIP  Delete  TITLE  Delete  TITLE  Delete  TITLE  DELETE NOW, STREET ADDRESS  CITY-ST-ZIP  CLEARWATER, FL 33764  CITY-ST-ZIP  CLEARWATER  AME  STREET ADDRESS  CITY-ST-ZIP  CLEARWATER  CREATWATER  CREATWATER  ADDITIONS/CHANGES  CITY-ST-ZIP  CLEARWATER  CREATWATER  CREATWATER  ADDITIONS/CHANGES  CITY-ST-ZIP  CLEARWATER  CREATWATER  CREATWATER  CREATWATER  ADDITIONS/CHANGES  CREATWATER  CREATWATER  CREATWATER  CREATWATER  CREATWATER  CREATWATER  CREATWATER							
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2/13/01 Date

(727) 531 - 17 00 Daytime Phone #