FILED

03 MAY 19 AM 8:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000402

1. Entity Name
INLET COVE CAPITAL, LLC

Principal Place of Business	Mailing Address
3730 BOHICKET ROAD STE #5 JOHNS ISLAND, SC 29455	3730 BOHICKET ROAD STE #5 JOHNS ISLAND, SC 29455

2. Principal Place of Business	3. Mailing Address
46 Sunset Bend Suite, Apt. #, etc.	46 Sunset Bend Suite, Apt. #, etc.
City & State: Kiawah Island, SC	City & State: Kiawah Island, SC
Zip: 29455 Country: USA	Zip: 29455 Country: USA

5/1.19 ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 57-1116377 ☐ 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
LEXIS DOCUMENT SERVICES INC. 3953 W.W. KELLEY RD. TALLAHASSEE, FL 32311	Name: Lexis Document Services Inc. Street Address (P.O. Box Number is Not Acceptable): 3953 W.W. Kelley Road City: Tallahassee FL Zip Code: 32311

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1st 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DAVENPORT, LEONARD D 46 Sunset Bend Kiawah Island, SC 29455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition S03098905376
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HURLEY, PATRICK J (Same)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 04/02/03 90012-014 $150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SEAGLE, ALEX W (Same)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PROTHRO, SHRILEY (Same)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Claudia Seagle (Same)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: Leonard D Davenport 5-13-03 877-224-6538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #