2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

ROBERT D. SHEEHAN FAMILY L.L.C.



FILED SECRETARY OF STATE VISION OF CORPORATIONS

D3 JAN 15 AM 9: 36 Principal Place of Business Mailing Address 2431 E. 61ST STREET 2431 E. 61ST STREET SUITE 700 SUITE 700 **TULSA OK 74136** TULSA OK 74136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 73-6255792 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired ΧX Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, 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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. CR2E083 (10/02) ☐ Change ☐ Addition TITLE TITLE Delete SHEEHAN, DAVID R JR NAME NAME STREET ADDRESS STREET ADDRESS 2431 E. 61ST STREET CITY-ST-ZIP CITY-ST-ZIP **TULSA OK 74136** ☐ Addition ☐ Delete Change TITLE NAME NAME 900010123779 01/15/03--01029--001 STREET ADDRESS STREET ADDRESS **55.00 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filling 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 tostee empowered to execute this report as required by Chapter 608, Florida Statutes.

IRR<u>D_{David} Sheehan</u>, RINTED NAME OF SIGNING MALAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jan. 114, <u>2003 (918) 747-</u>

Daytime Phone # 3471