LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2002 8:00 am Secretary of State

04-17-2002 90023 045 ****50.00

DOCUMENT # /// 1. Entity Name

CLD Florida, L 938756 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Mailing Address

O Westmi 40 Westminster Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City State 4. FEI Number Applied For tovidence tovidence 05-05/6/6 Not Applicable ^{Zip} つみりゅう గ్షక్తింక \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Service orporation DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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. DATE **FEE IS \$50.00** Make Check Payable to Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS TITLE TITLE CR2E083B (12/01 NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY, ST. 7ID RI 02903 TITLE TITLE NAME David NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE Haves-Cote NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Providence TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Hart ford CITY-ST-7IP solvo t TITLE NAME Nicholas NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY. ST. 7IP 80100 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-8-02

401-624

Daytime Phone #

Directors, Officers Report

CLD Florida, LLC

AHachment 938752 #MO/00002665

Thursday, April 04, 2002

OFFICERS

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