## LIMITED LIABILITY COMPANY

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M01000002895

## FILED May 22, 2002 8:00 am Secretary of State

Make Check Payable to Department of State DUE BY MAY 1  9. MANAGING MEMBERS / MANAGERS  ITILE NAME SINEET ADDRESS CITY-ST-2IP SINEET ADDRESS CITY-ST-2IP TITLE NAME SINEET ADDRESS CITY-ST-2IP TITLE SINEET ADDRE	<ol> <li>Entity Nam</li> </ol>	e ·					05-22-2002 9025	/ 01 / *****50.00
DO NOT WRITE  The above named entity scomes this statement for the purpose of changing its registered agent, or both, in the State of Foods.  Signature  The above named entity scomes this statement for the purpose of changing its registered agent, or both, in the State of Foods.  Signature  The above named entity scomes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foods.  Signature  The above named entity scomes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foods.  Signature  The above named entity scomes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foods.  Signature  The above named entity scomes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foods.  Signature the statement of the purpose of changing its registered office or registered agent, or both, in the State of Foods.  Signature the statement of the purpose of changing its registered office or registered agent, or both, in the State of Foods.  Signature the statement of the purpose of changing its registered office or registered agent, or both, in the State of Foods.  Signature the statement of the purpose of changing its registered office or registered agent, or both, in the State of Foods.  Signature the statement of the purpose of changing its registered office or registered agent. Or both, in the State of Foods.  Signature the statement of the purpose of changing its registered agent. Or both, in the State of Foods.  Signature the statement of the purpose of changing its registered agent.  Signature the statement of the purpose of changing its registered agent.  Signature the statement of the purpose of changing its registered agent.  Signature the statement of the purpose of changing its registered agent.  Signature the statement of the purpose of changing its registered agent.  Signature the	ILLENN	NIUM TITLE, LLC		)				
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City & State    Feet Number   Application	Suite, Apt.	#, etc.		<u></u>			DO NOT WRITE IN TH	IS SPACE
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To Name and Address of Current Registered Agent Name    Name   Corporation   Service Confanty	Zip	Country	Zip	Count	ry			\$5.00 Additional Fee Required
IN THIS SPACE  Street Aggloss (P.O. Box Number is Not Acceptable)  City TALLAHASSEE FL Zip Code  (In TALLAHASSEE FL Zip Code)  8. The above named entity submits mis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, hondror primed rein at registered agent and stee it applicable.  DATE  FEE IS \$50.00  Make Check Payable to Department of State  DUE BY MAY 1  9. MANAGING MEMBERS / MANAGERS  THE  MAKE  107-51-2P  1012-102-105  1012-102-102-105  1012-102-102-105  1012-102-102-105  1012-102-102-105  1012-102-102-105  1012-102-102-105  1012-102-102-102-105  1012-102-102-102-105  1012-102-102-102-102-102-102-102-102-102		H			Name /			
IN THIS SPACE  City TALL HASSEE FL ZID 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.  SIGNATUPE  By Make Check Payable to Department of State DUE BY MAY 1  9. MANAGING MEMBERS / MANAGERS  TITLE A CACEGORY L OXLEY MAKE SIRET ADDRESS CITY-ST-ZP  TITLE MAKE SIRET ADDRESS CITY-ST-ZP  CITY-ST-ZP  TITLE MAKE SIRET ADDRESS CITY-ST-ZP  TITLE MAKE SIRET ADDRESS CITY-ST-ZP	DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
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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 tibe if applicable.  DATE  FEE IS \$50.00  Make Check Payable to Department of State DUE BY MAY 1  9. MANAGING MEMBERS / MANAGERS  ITILE  AGABORY L. OXLEY  INDE  SIREET ADDRESS  CITY-ST-2P  TITLE  NAME  SIREET ADDRESS  CITY-S					City (TA)	LAHA	55 <i>EE</i> F	L Zip Code 32301
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44. Thereby cortify that the information supplied with this tilling does not qualify for the exemption stated in Section 119.07(310). Florida Statutes, Fluriner certify that the information		contifue that the information supplied w	ith this filing does not qualif			Section 119	.07(3)(i), Florida Statutes, I further	certify that the information

ind accurate and that my signature shall have the same legal effect as if made under oath: that I a eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

703.467.9333