2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

FILED Feb 24, 2003 8:00 am Secretary of State

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02-10-2003 90102 007 ****55.00

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1. Entity Name ADANSON BUSINESS CENTER, LLC 55009983 Principal Place of Business Mailing Address C/O TALLEY BOX COMPANY LTD. C/O TALLEY BOX COMPANY LTD. P.O. BOX 490817 P.O. BOX 490817 LEESBURG FL 34749 LEESBURG FL 34749 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TALLEY, WILLIAM G JR. 900 N. 14TH STREET Street Address (P.O. Box Number is Not Acceptable) LEESBURG FL 34748 City 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. 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9, MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES GENERAL MANAGER
WILLIAM G. TAIR. TO
2006 THIRLY COUNTY P. TITLE TITLE ☐ Delete ☐ Change CR2E083 (10/02] ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS Leesburg, Fr. 34748 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Deleto NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T(T) F ☐ Delete TITLE ☐ Change ☐ Addition 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-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes