LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000003284 1. Entity Name

SIGNATURE:



FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90307 022 ****50.00

ROFA MA	NAGING CO., LLC	ſ.					
	DO NOT WRITE	IN THIS SI		E	;		
2. Principal Place of Business 555E. Main St Suite, Apt. #, etc.		3. Mailing Address 555 E. Main Street Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	& State City & City & S		& State		4. FEI Number Applied For		
Norfo	Č VA Country	North	Count		82-057455D	Not Applicable \$5.00 Additional	
23510		^{zi} 23510			Certificate of Status Desired Mame and Address of Current Register	Fee Required	
				Name CT Corporation Sustain			
	D <u>O_NOT_</u> W		-Street-Address-(F	P.OBox Number-is Not Acceptable)	<u> </u>		
IN THIS SPACE				1200 South Pine Island Rd			
				City Plantation FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE							
				\$50.00	UAI	E	
	•	Make Check Payab		orida Departmen	nt of State		
9.	MANAGING MEMBE	RS/MANAGERS	on TITLE				
NAME STREET ADDRESS	Jordan E. Slone 555 East Main Street, 17th Floor		NAME STREE	T ADDRESS ST-ZIP			
TITLE	Norfolk VA 23510		TITLE			and the second s	
NAME STREET ADDRESS			THE THEFT	T ADDRESS			
CITY-ST-ZIP	<u> </u>		TITLE	ST-ZIP			
NAME			NAME				
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indicated	ertify that the information supplied with on this report is true end accurate and pility company or the hoceiver or trustee	that my signature shall have t	the same	legal effect as if ma	tion 119.07(3)(i), Florida Statutes. I further ade under oath; that I am a managing mer er 608, Florida Statutes.	certify that the information mber or manager of the	