LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PROVIDED NAME OF BUSINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jun 02, 2003 8:00 am Secretary of State

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|--|--|--|--|--|---|---|
| DOCUMENT # M02000003338 1. Entity Name | | | | | | 307 028 ****50.00 |
| ALLEN D. PACKARD, III LLC | | | | | | |
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| | DO NOT WRITE | C CITIL NI | PAL | ie. | • | |
| 2. Principal F | Rom Chy Circle | 3. Mailing Address らんかん | Sime | | \$\$00307 \$ | |
| Suite, Apt | | Suite, Apt. #, etc. | , | | DO NOT WRITE IN THIS SPACE | |
| SMA30M R | | City & State | | 4. FEI Number 4/-2072178 | Applied For Not Applicable | |
| <u> </u> | 3 Country | Zip | Country | | 5. Certificate of Status Desired | \$5.00 Additional Fee Required |
| | | | | Name A | 7. Name and Address of Current Register | ed Agent |
| DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | IN THIS SP | ACE :-: | | 4315 | RUM CAY CIKE | |
| | | | | City - A-CA | STA F | Zip, Gode 2 2 |
| 8. The above named entity submits this statement of 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 ages. | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | TVALORY SECTION AND ASSOCIATION ASSOCIATION AND ASSOCIATION ASSOCI | ede ile | \$50.00 | DATE | |
| ·· | | Make Check Payer | AND THE RESERVE | orida Departmer | rt of State. | |
| 9. TIILE | MANAGING MEMBER | RS/MANAGERS | annu annu | | | 2) |
| NAME STREET ADDRESS | ALLEN D HRUMKE | III. | NAM | 经验证证证证证证 | e de la Companya de Carlos | 3 (12) |
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| name Street adoress | | · | 370 V 1920 | TAOORESS | | |
| CITY-ST-ZIP | | | 25-35-73 | STARE 1992 | | |
| 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 tention manager of the secure this report as required by Chapter 608, Florida Statutes. | | | | | | |