CITY-ST-ZIP

limited liability company or the receiver

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # M9800000038 1. Entity Name 04-17-2002 90019 033 ****50.00 ASSET DEVELOPMENT AND MANAGEMENT GROUP, L.L.C. Principal Place of Business Mailing Address 13575 58TH STREET NORTH 13575 58TH STREET NORTH SUITE 144/THE SUMMIT BUILDING SUITE 144/THE SUMMIT BUILDING CLEARWATER FL 33760 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-2929953 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RONALD R. FIELDSTONE JEFFRIES, DAVID M Street Address (P.O. Box Number is Not Acceptable) 220 SOUTH FRANKLIN ST. <u>201 Alhambra Circle</u> **TAMPA FL 33602** Suite 601 City Coral Gables for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits Ronald R. Fieldstone, Esq. SIGNATURE 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 Department of State ع Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR (9/01) TITLE Change Addition ☐ Delete LUBECK, JOSEPH G NAME NAME CR2E083 STREET ADDRESS 13575 58TH STREET NORTH STE 144 SUMMIT CTR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGE MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.