05-02-2003 90587 030 \*\*\*\*50.00

## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # M98000001052

1. Entity Name

Badger	<b>ACQUIS</b>	ition of	= Tampa	LLC
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Prin	cipal	Plac	e of	Busin	es

Mailing Address

	209 ORANGE STREET 1717 DIXIE HWY. SUITE 800 ILMINGTON DE 19801 FT. WRIGHT KY 41011								
	lace of Business Rivercenter Blvd	3. Mailing Address		w # <del>Topical</del> come to			: = =(   9       10	HEIL BAIGH BA	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		To place that is a proper	7	CHECK HERE	IF MAKING C	CHANGES	. 3
<u>Ste.</u>	1600	City & City			A CEIN			T IAE	aliad Far
City & State		City & State		4. FEI Numb	per <b>52-211989</b>	3	<u> </u>	plied For t Applicable	
Covington, Ky Zip Country		Zip	Country	Country			\$	5.00 Add	
41011 USA		·		5. Certificate of Status Des		e of Status Desired	Fee Required		
	6. Name and Address of Current Re	gistered Agent			7. Name and	Address of New R	legistered Ag	ent	
000	PORATION SERVICE COMPANY		Nar	ne					}
	I HAYS STREET		Stre	Street Address (P.O. Box Number is Not Acceptable)					
	AHASSEE FL 32301-2525		<u> </u>		<u> </u>	_ <del></del>		<u>.</u>	
17 164	34110000 (6 0000) 1000								
			City	,			FL	Zip Code	е
O. The share			-00-1-1-00-0-5			th in the Chate of Fig		طفاني حائلت	and possent
	named entity submits this statement for th ions of registered agent.	e purpose of changing its i	registered offic	ce or register	rea agent, or bo	otn, in the State of Fic	orida. Tamilar	miliar with,	and accept
-									j
SIGNATURE .	Signature, typed or printed name of registered agent and t	itle if applicable. (NOTE:	: Registered Agent	signature required	when reinstating)		DATE		
		EII E NO	W!!!_FEE.I	C \$50.00					
		Make Check Payable			nt of State		-		
i			By May 1,		- State	)			
9.	MANAGING MEMBERS	<u> </u>	10.			ADDITIONS/	CHANGES		
TITLE	MGRM		TITLE			ADDITIONS		Change	Addition
NAME	BADGER ACQUISITION LLC	☐ Delete	NAME	Tock	ager	١.5	L		Addition
STREET ADDRESS	1717 DIXIE HIGHWAY, SUITE 800		STREET ADDR	ESS 100 E	Jack Williams 100 E. Rivercenter Blvd., Ste. 1600				Ì
CITY-ST-ZIP	FORT WRIGHT KY		CITY-ST-ZIP		naton.	Ky 4 1011			
TITLE	MGR	□ Delete	TITLE		<del>- J,</del>	- <del></del>		Change	Addition
NAME	FINN, TRACY		NAME	ļ					
STREET ADDRESS	100 EAST RIVER CENTER BLVD., S	SUITE 1500	STREET ADDR	ESS					
CITY-ST-ZIP	COVINGTON KY 41011		CITY-ST-ZIP						
TITLE	MGR	☐ Delete	TITLE	Ì		-	- , [	Change	☐ Addition
NAME .	ABBOTT, BRADLEY S		NAME					•	ĺ
STREET ADDRESS CITY-ST-ZIP	1717 DIXIE HIGHWAY, SUITE 800		STREET ADDR	, ,					j
	FORT WRIGHT KY		-					Change	☐ Addition
TITLE NAME	MARSH, THOMAS R	☐ Delete	TITLE NAME	Ì			L		CT WORKION
STREET ADDRESS	1717 DIXIE HIGHWAY, SUITE 800		STREET ADDR	ESS					)
CITY-ST-ZIP	FORT WRIGHT KY		CITY-ST-ZIP	1					(
TITLE	MGR	□ Delete	TITLE					Change	Addition
NAME	ROBBINS, REGIS		NAME				_	-	ĺ
STREET ADDRESS 100 E. RIVERCENTER BLVD., STE 1500		STREET ADDR	,					J	
CITY-ST-ZIP	COVINGTON KY 41011	<u> </u>	CITY-ST-ZIP						<u>·</u>
TITLE		☐ Delete	TITLE			,		Change	☐ Addition
NAME OTREET ADDRESS			NAME	rno					
STREET ADDRESS			STREET ADDR	too					

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

CITY-ST-ZIP