2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900000053

1. Entity Name



Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90065 004 ****50.00

FILED

SUH FLOR	IDA STATE L.L.C.								
Principal Place of Business 6363 WOODWAY, SUITE 1000 HOUSTON TX 77057-1757		Mailing Address 6363 WOODWAY. SUITE 1000 HOUSTON TX 77057-1757				II 11 2 18 18 1811 18 11 18 11 1			66 1911 488 1
2. Principal Pl	ace of Business	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE II	MAKING	CHANGES	
City & State		City & State		4. FEI Numb	per 76-0594164		<u> </u>	plied For t Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate	e of Status Desired		5.00 Addi	
 _	6. Name and Address of Current	Registered Agent	<u>.</u>		7. Name an	d Address of New Re	gistered A	gent	
G. Mario dile Address di Carioni III di				Name					
C T (1200			Street Address	(P.O. Box Numb	oer is Not Acceptable)	· _			
PLAN	NTATION FL 33324								
				City			FL	Zip Code	э.
8. The above the obligati	named entity submits this statement for one of registered agent.	or the purpose of changing its	s register	red office or registe	ered agent, or be	oth, in the State of Flor	ida. I am fa	amiliar with, a	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere				ed Agent signature require	nd when reinstating)		DATE		
	Signature, typed or printed name of registered agent				7		· 		
		FILE N Make Check Payab		FEE IS \$50.00	ant of State				}
				lay 1, 2003	sift of State				}
	MANAGING MEMB		10.		<u> </u>	ADDITIONS/	CHANGES		
9.		ERS/MANAGERS	TITL		· -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	☐ Addition
TITLE NAME	MGR FIMC TALLAHASSEE, INC.		NAN	l l					
STREET ADDRESS				REET ADDRESS					}
CITY-ST-ZIP	HOUSTON TX 77057		ÇIT	Y-ST-ZIP					
TITLE		☐ Delete	TITL	LE ·				Change	Addition
NAME			NAM	1		•			
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CITY-ST-ZIP							,	☐ Change	☐ Addition
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CITY-ST-ZIP			CIT	Y-ST-ZIP					
TITLE		☐ Delete	TIT	LE		 -		☐ Change	☐ Addition
NAME			NA	1					
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NAME CTREET ADDRESS				ME					Ì
STREET ADDRESS CITY-ST-ZIP	<i>(</i>			TY-ST-ZIP					
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NAME	j			ME					
STREET ADDRESS		1	1	REET ADDRESS	•				
CITY-ST-ZIP				TY-ST-ZIP			(f) l	att. at a star 1	information
	and the second s	the thin filling along not qualify t	artha av	comption stated in 9	Section 119 070	3\(i) Florida Statutes.	i further cer	my that the I	люппацюп

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. Turther certify that the indicated on this report is xtep 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.