2002	2 UNIFORM BUSI	NESS RE	AGO	AAMAA	401
DOCU	MENT # M99000 0	000484		HOUTE BE	T09
1. Entity Nam	ne			02 00	
3DI FLO	RIDA, LLC			OZ OCT 24	λu
	•			SECRETARINO TALLAHASSEE,	^{API} [1: 28
Principal Plac	ee of Business	Mailing Address		ALLAHASSET	ESTATE.
27 RIDGEWOO		1440 N. NOVA ROAD		Journal of Co.	LORIDA
OLLY HILL FL 32117		SUITE 308 HOLLY HILL FL 32117			
		HOLLI HILL FL 32117			,
2 Principal F	Plana of Business	3. Mailing Address			
2. Principal Place of Business		S, Walling Address		· I (BOIRD)! IIA (BIIO IOII) POI(I BOI) DO	(ii obiii 49iit Bosii Asaat Intii 410: Iori
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	or de tre de mir abour	DO NOT WRITE	THE REST OF THE PARTY OF THE PA
City & Stat	e	City & State	January 1992 - 1994 of the 1995	4. FEI Number 52-2156185	Applied For
Zip '	Country	Zip	Country	and the state of t	Not Applicable \$5.00 Additional
_,p	332111.7		بي در	5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Reg	istered Agent
1200 GOOTH FIRE IDENTIFY HOND			Name		
			Street Addres	s (P.O. Box Number is Not Acceptable)	Fritzer Jan Connection
PLAI	NTATION FL 33324			A STATE OF THE STA	
	,		City	<u> </u>	FL Zip Code
	named entity submits this statement for	the purpose of changing its	registered office or regis	tered agent, or both, in the State of Floric	ia. I am familiar with, and accept
the obligat	ions of registered agent.			4	
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable (NOTE	: Registered Agent signature requi	irod whos minerating)	DATE
	digitalis, types is printed that to regulate agent an				5,42
	.•		OW!!! FEE IS \$50.0 yable to Department		*
		Due By	September 25, 2002	!	•
9.	MANAGING MEMBER	S/MANAGERS	10.	, ADDITIONS/C	HANGES .
TITLE	MGR	☐ Delete	TITLE ,		Change Addition
NAME STREET ANDRESS	DEEL, MONTY L	¥	NAME STREET ANDRESS	900008	577809
STREET ADDRESS CITY-ST-ZIP	29111 NEWMAN ROAD EASTON MD 21601		STREET ADDRESS CITY-ST-ZIP	10/24/0201101	005 **150.00
TILE	CEO	☐ Delete	TITLE		☐ Change ☐ Addition
IAME	DEEL, MONTY	: · · ·	NAME		3
TREET ADDRESS	28969 INFORMATION LN		STREET ADDRESS CITY-ST-ZIP	,	
TILE	EASTON MD 21601	Delete	TITLE	the second secon	Change Addition
IAME	REARDON, KEVIN J	Defete	NAME		
TREET ADDRESS	9838 PALACE GREEN WAY	R	eine of a Ti	EMENT 2003	
CITY-ST-ZIP	VIENNA VA 22181	្ស			
ITLE	EVP	☐ Delete	TITLE		☐ Change ☐ Addition
TREET ADDRESS	FISHER, VERLIN 28969 INFORMATION LN		NAME STREET ADDRESS	b-K	,
CITY-ST-ZIP	EASTON MD 21601		CITY-ST-ZIP	η	
TLE	CAO	☐ Delete	TITLE		☐ Change ☐ Addition
IAME (1	David C. Elmore 28969 Information Lan		NAME .		· -
TREET ADDRESS	Easter MD 21201	-	STREET ADDRESS CITY-ST-ZIP	e de la companya de La companya de la co	,
ITLE	CHOICE III.	☐ Delete	TITLE	•	☐ Change ☐ Addition
IAME		, Udicio	NAME	,	, change
TREET ADDRESS			STREET ADDRESS		
ITY-ST-ZIP			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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AUGNOSTICE COMMUNICATION

10/23/02