, 20 UN	003 LIMITED"Ľ NIFORM BUSIN	ABILITY CO ESS REPOR	MPANY T (UBR)	APPROVES -AMD	8000
DOCU	MENT # M99000	000699		FICED 03 OCT 17 AM 9: 31 SEGRETARY OF STATE	
Principal Place of Business 240 N. WASHINGTON BLVD 7TH FLOOR SARASOTA FL 34236		Mailing Address 240 N. WASHINGTON BLVD 7TH FLOOR SARASOTA FL 34236		TWEITAHASSEE. FÜOR!	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0910384	Applied For Not Applicable
Zip	Country	Zip	Country	3. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered	Agent
Branch, Daniel 240 N. Washington BlVD. 7TH Floor Sarasota Fl 34236			Street Address	s (P.O. Box Number is Not Acceptable)	AL Flood
8. The above the obligat	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered agents.	ont and title if applicable. (NOT	s registered office or regist Complian E Registere Agent signature requi OW!!! FEE IS \$50.00 Ille to Florida Departm	0	amiliar with, and accept
	·		y September 24, 2003		
9.	MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KERN, MARTIN J 240 N. WASHINGTON BLVD. 7 SARASOTA FL 34236	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	3000239064 10/17/0301050023	**50.00 \₩
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	Change Addition
11. I hereby of indicated	ertify that the information supplied w on this report is true and accurate ar bility company or the receiver or trus	nd that my signature shall have	r the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further cert made under oath; that I am a managing member opter 608, Florida Statutes.	ify that the information r or manager of the

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE