2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # M9900001518

1. Entity Name

STREET ADDRESS

CITY-ST-7IP

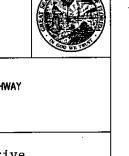
NATLIS CAPITAL, L.L.C.

Principal Place of Business



FILED Feb 11, 2003 8:00 am Secretary of State

02-11-2003 90049 040 ****50.00



1200 NORTH FEDERAL HIGHWAY 1200 NORTH FEDERAL HIGHWAY SUITE 401 SUITE 401 **BOCA RATON FL 33432 BOCA RATON FL 33432** US US 2. Principal Place of Business 3. Mailing Address 4545 Fuller Drive 4545 Fuller Drive Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite 101 Suite 101 Applied For 4. FEI Number City & State City & State 65-0941491 Not Applicable Irving, Texas Irving, Texas \$5.00 Additional Zip Country -Zip Country Certificate of Status Desired Fee.Required. 75038 75038 -US-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE. TALLAHASSEE FL 32301 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. **FILE NOW!!! FEE IS \$50.00** Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. CR2E083 (10/02) MGR Change Addition MGR □ Delete TITI F TITLE NAME LAFRANCE, KATHLEEN NAME SVETE, DAVID W STREET ADDRESS STREET ADDRESS 1200 N. FEDERAL HIGHWAY, SUITE 401 4545 FULLER DRIVE, SUITE 101 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** IRVING, TEXAS 75038 ☐ Addition Change MGR ☐ Delete TITLE TITLE SVETE, WILLIAM J NAME NAME STREET ADDRESS STREET ADDRESS 6055 EAST VALLEY VIEW CITY_ST-ZIP CITY-ST-ZIP MENTOR OH: 44060-☐ Change Addition Delete TITLE MGR TITLE LANGE, ROGER W NAME STREET ADDRESS STREET ADDRESS 100 CYPRESS CREEK ROAD, SUITE 645 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE