CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMEI . Entity Name CORPORATE !	Secre 04-28-2			
Principal Place of Business 13000 SAWGRASS VILLAGE CIRCLE SUITE 13 PONTE VEDRA BEACH FL 32082 Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address 13000 SAWGRASS VILI SUITE 13 PONTE VEDRA BEACH	110228	
		Suite, Apt. #, etc.	☐ CHECK I	
		City & State	4. FEI Number 59-3527	
Zip	Country **	Zip ≈ ≈ ≈	Country-	5. Certificate of Status Des
6. 1	Name and Address of Cu	irrent Registered Agent	Name	7. Name and Address of I

FILED Apr 28, 2003 8:00 am Secretary of State

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City & State City & State City & State Country Countr					1				
Zip Country Zip Country 59-3527868 Zip Country Jip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 13000 SAWGRASS VILLAGE CIRCLE SUITE 13 PONTE VEDRA BEACH FL 32082 6. 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 fit the obligations of registered agent. SIGNATURE Signature, synam of registered agent and title if application. FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND SIREET ADDRESS OTTY-51-2P ONTE VEDRA BEACH FL 32082 TITLE NAME SIREET ADDRESS OTTY-51-2P TITLE NAME SIREET ADDRESS O	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOOK, RICHARD A 13000 SAWGRASS VILLAGE CIRCLE SUITE 13 PONTE VEDRA BEACH FL 32082 City FL 6. 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 fittle chigations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS THE NAME SITERI ADDRESS OTY-ST-ZP THE NAME SIREIT ADDRESS OTY-ST-ZP THE NAME S	City & State		City & State		4. FEIN	59-3527868		_ 	plied For at Applicable
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### PONTE VEDRA BEACH FL 32082 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 fit the obligations of registered agent. ### SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatating)	13000 SAWGRASS VILLAGE CIRCLE SUITE 13				dress (P.O. Box N				
SIGNATURE Signature Signa				City	City FL Zip Co.			Zip Code	э
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS 13000 SAWGRASS VILLAGE CIRCLE, STE. 13 CITY-ST-ZIP 171LE			purpose of changing its re	gistered office or r	registered agent,	or both, in the State of Flori	ida. I am fam	iliar with,	and accept
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: