

2001 UNIFORM BUSINESS REPORT (UBR)

0005386 AF

DOCUMENT # L00000008004
1. Entity Name
 US EURO PARTNERS, LLC

FILED

01 FEB 26 AM 8:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business **Mailing Address**
~~255 SOUTH ORANGE AVENUE, STE 1515~~ ~~255 SOUTH ORANGE AVENUE, STE 1515~~
~~ORLANDO FL 32801~~ ~~ORLANDO FL 32801~~

2. Principal Place of Business **3. Mailing Address**
 9655 Blandford Rd 9655 Blandford Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State**
 Orlando FL Orlando FL

Zip **Country** **Zip** **Country**
 32827 USA 32827 USA

4. FEI Number **Applied For**
 593656673 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 STANCHINA, WARREN J
~~255 SOUTH ORANGE AVE, STE 1515~~
~~ORLANDO FL 32801~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 9655 Blandford Rd
 City **FL** Zip Code
 Orlando 32827

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.

SIGNATURE **DATE** 02/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

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 -02/27/01--01117--016
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Manager	Warren Stanchina	9655 Blandford Rd	Orlando FL 32827	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Manager	Mary Lynn Stanchina	Same address		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: **DATE** 02/23/01 **Daytime Phone #** 407 816 3194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)