

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90581 027 ****50.00

DOCUMENT # L02000034969

1. Entity Name

STACY LYNN, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1200 S. Pine Island Rd.

3. Mailing Address

1200 S. Pine Island

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #200

Suite #200

City & State

City & State

Plantation, FL.

Plantation, FL.

Zip

Country

Zip

Country

33324

USA.

33324

USA.

4. FEI Number

65-1177275

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Stearns Weaver Miller Weissler

Street Address (P.O. Box Number is Not Acceptable)

2200 Museum Tower

ALHadeef

150 W. Flagler St.

City

Miami

FL

Zip Code

33130

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: Stacy Studnik / Managing Member
NAME: Stacy Studnik
STREET ADDRESS: 1200 S. Pine Island Road
CITY-ST-ZIP: Suite 200, Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: Shani Studnik - Managing Member
NAME: Shani Studnik
STREET ADDRESS: 1200 S. Pine Island Road
CITY-ST-ZIP: Suite #200, Plantation, FL 33324

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)