2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002280

1. Entity Name

PRAT. L.C.



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90087 046 ****50.00

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City & State City & State City	2. Principal P	Place of Business	3. Mailing Address								
Zip Country Zip Country S. Certificate of Status Desired SS.00 Actional For Required 6. Name and Address of Current Registered Agent —	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
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BAUMBERGER, HANS 953 HARDING AVE., STE. 308 SURFSIDE FL 33154 8. The above named entity submits this statement for the purpose of changing its 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 raise of legistered agent and like a applicable. OUTE Inspirition of Applicable agent and like a applicable. OUTE Inspirition of Applicable agent and like a applicable. OUTE Inspirition of Applicable agent and like a applicable. OUTE Inspirition of Applicable agent agent agent and like a applicable. OUTE Inspirition of Applicable agent	Zip	Country	Zip	Zip Country		5. Certificate of	Status Desired		\$5.00 Add	ditional	
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Sister Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Co		U. Hame and Address of Out	reitt Hegistered Agent -		 	7. Maille allu Ai	TOTOGO OF THEM IN	egistered A	.genr		
SURFSIDE FL 33154 City FL Zip Code				-		Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature	SURI	FSIDE FL 33154									
SIGNATURE Signature, typed or printed name of log stered agent and tile if applicable. (NOTE: Registered Agent signature required when remorating) DATE					City			FL	Zip Cod	e	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGR MGR MGR MGR MGR MGR MGR MGR SIREET ADDRESS GITY-51-2P TITLE MAME SIREET ADDRESS GITY-51-2P TITLE M			ent for the purpose of changing	its registere	ed office or register	red agent, or both,	in the State of Flo	orida. I am f	amiliar with,	and accept	
S. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MARE BAUMBERGER, HANS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TI	SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (N	NOTE: Registered	d Agent signature required	when reinstating)		DATE			
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