2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0200001407

1. Entity Name

ARDENT SERVICES, L.L.C.



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Secretar	y of State	

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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 8. The above named entity submits its statement for the purpose of changing its registered affect of registered agent. City FL Zip Code 8. The above named entity submits its statement for the purpose of changing its registered office or registered agent, or both, in the State of Pointa. I am familiar with, and accept the obligations of registered agent. SIGNATURE Street Address (P.O. Box Number is Not Acceptable) FLE NOW!!! FEE IS \$5.0.00 Make Check Payable to Fioridis Department of State Due By Ma 1, 2003 8. MANAGING MEMBERS IMANAGERS 10. ACCR. ADDITIONS/CHANGES SIRET AUGUSS SIRET AUGUSS OTY-51-2P TILE NAME SIRET AUGUSS OTY-5	, ANDENT GENTICE	0, 2.2.0.	V	'					
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11. It 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		ne information supplied with t	his filing does not qualify for			ection 119.07(3	3)(i), Florida Statutes, 1 furti	ner 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

06/03/03

504-463-3137

Daytime Phone

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