## FILED May 15, 2002 8:00 am Secretary of State

05-15-2002 90059 047 \*\*\*\*50 00

## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

•	MAIN OKIM DOCHEE	.33 KEPUK	i (UDK)		<b>/</b> 05-15-20	02 90059	047 ****50.00
DOCU 1. Entity Nat	MENT # M 9900						
Chipjax, LLC							
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business  1945 THE EXCHMENT 1945 THE EXCHMENT						. 04075	ሳ
Suite, Apt. #, etc.  Suite, Apt. #, etc.					83	10295	ง
54,75 400 Suit 400				DO NOT WRI	TE IN THIS SI	PACE	
City & Sta	City & State City & State				4. FEI Number		Applied For
ATLA		ATLANTA	GA		58-242	9982	Not Applicable
Zip Country 3 o 3 3 9 USA		Zip 30339	Country		5. Certificate of Status Desired   \$5.00 Additional Fee Required		
7. Name and Address of Current Registered Agent Name							
DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  IN THIS SPACE							
Mario Anna	and the state of t	COMPRESSOR DES	District L	lantar		<u>FL</u>	Zip Code 3 3332/
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 Signature, typed or printed name of registered agent and title if applicable.  DATE							
THE COMPANY OF THE PROPERTY OF							
MakoGreekizayablo to Dopartmento (State)  DUE BY MAY ()							
9.	MANAGING MEMBER	The Real Control of the Control of t				Color No.	
TITLE	MANAGIAC MEMBER		TITLE SECTION	REAL PROPERTY.	Mark Property Comment		= =====================================
NAME	ABRAMI PROPRETIES, INC.			1000		100	(12/01)
STREET ADDRESS CITY-ST-ZIP	The state of the s						
	ATLANTA GA 3037.9		CITY/ST/ZIP:S	1.00			CRZE083B
TITLE NAME			ALLICE	444	( A S S A S A S A S A S A S A S A S A S	field.	
STREET ADDRESS			STREET ADORESS				S C
CITY-ST-ZIP			CITY ST-ZIP	44			
TITLE			TITLE SERVICE	Supplies		asara	SERVICE CONTRACTOR TO
NAME	•		NAME			u grafe	
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NAME STREET ADDRESS			NAME IK				
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TITLE			CITY: ST-ZIP 8	77.00			
NAME			NAME *	0.00		dispersion.	and the second
STREET ADDRESS			STREET ADDRESS				
CITY+ST-ZIP		-	CITY ST ZIP				
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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
RICE PATERIASTED							
SIGNATURE: SIGNATURE: 4/25/02 70-953-0304 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DELLE DAVING PROCES							