LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** FILED DOCUMENT # LOVOCOCO 1739 02 MAY 16 AM 10: 04 1. Entity Name Little Bongo, Lic.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 3. Mailing Address Principal Place of Business **さの下**を DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State imull Not Applicable Man: \$5.00 Additional Country EEOÉ[™]E Country 5. Certificate of Status Desired' $\mathcal{E}\mathcal{O}$ Fee Required 7. Name and Address of Current Registered Agent iaz Fox DO NOT WRITE Street Address (RO. Box Number is Not Acceptable) IN THIS SPACE 1090 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. 4/10/02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. CR2E083B (12/01 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE 100005538601--4 TITLE NAME NAMÉ -05/16/02--01004--005 STREET ADDRESS STREET ADDRESS ****586.25 ****163.75 CITY#ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

305-358.3428

Daytime Phone #