NAME UMOND, MICHAEL L. STREET ADDRESS UTV-ST-2IP ULINOND, MICHAEL L. AVENTURAL FL-99H80 UTV-ST-2IP UTLE NAME STREET ADDRESS UTV-ST-2IP UTLE AMME STREET ADDRESS UTV-ST-2IP UTLE UTLE UTLE UTLE UTLE UTLE UTLE UTLE	1. Entity Nam	le	# <b>594936</b> NAGEMENT CC	OMPANY, INC.	all a		Feb 09, 2004 Secretary ( 02-09-2004 90069 0 02-09-2004 90069 0	of Stat	I
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Suite. Apr. #. etc.     Suite. Apr. #. etc.     MOORE     CR2E034 (11/02)       Chy & State     Chr y & State     4. FEI Number 59-22838005     Application 50 Mit Application 60 Mit Application 50 Mit Application 60 Mit Appl	AVENTURA			AVENTURA FL 3318			6640125	) 6 The life of the life of	i <b>i v</b> e ni n <b>i in</b> i
Chy & State     City & State     A FEI Number     Chy & State     A FEI Number     Second     Applied For       Zip     Country     Zip     Country     S. Certificate of Status Dassed     \$8,75 Additional restriction     \$8,75 Additional restriction       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     Name       11. UMOND, MICHAEL L. 206000 Site CAVINE BLVD, AVENTURA FL 33180     Name     Name     Acceptable       8. The above named entry submits hits statement for the purposa of changing its registered diget.     Steen Acceptable     Steen Acceptable       Steen Acceptable     Cry     FL     Zip Code       8. The above named entry submits hits statement for the purposa of changing its registered diget.     Steen Acceptable     Steen Acceptable       Steen Acceptable     Protect Ford Agent agent, or both, in the State of Florida. I am familiar with, and acceptable     Protect Ford State of Florida. I am familiar with, and acceptable       Steen Acceptable to Forder Bogetament of State.     Protect Ford Agent agent, or both, in the State of Florida. I am familiar with, and acceptable     Protect Ford State	2. Principal P	lace of Busine	ess	3. Mailing Address	-				
Zip         Country         Sector         Mapplem           2ip         Country         5. Centricate of Structs Desired         The Required           6. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           2006         Struct Address of New Registered Agent         7. Name and Address of New Registered Agent         Name           2008         DisCANNE BLVD. AVENTURA FL 33180         Name         Street Address (P.O. Box Number is Not Acceptable)           City         FL         Zip Could         Street Address (P.O. Box Number is Not Acceptable)           City         FL         Zip Could         Street Address (P.O. Box Number is Not Acceptable)           City         FL         Zip Could         Street Address (P.O. Box Number is Not Acceptable)           City         FL         Zip Could         Street Address (P.O. Box Number is Not Acceptable)           City         FL         Zip Could         Street Address (P.O. Box Number is Not Acceptable)           Street Address (P.O. Box Number is Not Acceptable)         Date         Street Address (P.O. Box Number is Not Acceptable)           Street Address (P.O. Box Number is Not Acceptable)         Date         Street Address (P.O. Box Number is Not Acceptable)           UMOND, MiCHAEL L         Street Address (P.O. Box Numb	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			MOORE CR2E	034 (11/03)	
	City & State	e		City & State			4. FEI Number 59-2283805		
LiMOND_MICHAEL         Name           20800 BISCAYNE BLVD. AVENTURA FL 33180         Street Accress (P.O. Box Number is Not Acceptable)           Chy         FL         Zp Code           B. The acove named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable to Florida Department of State         One           SIGNATURE	Zip		Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require	litional d
LIMOND, MICHAEL L       Street Address (P.O. Box Number to Not Acceptable)         City       FL       Zip Code         City       FL       Zip Code         8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptible digators of registered agent.       Dotte         SIGNATURE       Enclose named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptible digators of registered agent.       Dotte         SIGNATURE       Enclose named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptible digators of registered agent.       Dotte         SIGNATURE       Enclose named entry submits this statement for the purpose of the addition.       Dotte florida. Lam familiar with, and acceptible digators of registered agent.         SIGNATURE       Enclose named entry submits this statement for the purpose of the addition.       Dotte florida. Lam familiar with. and acceptible digators of registered agent.       Date         SIGNATURE       Election Campaign Financing in State of Florida. Lam familiar with. and acceptible digators of registered agent.       Date         Internationary in additionary in additin additentent additionary in additionary in additiona		6. Name	and Address of Curr	rent Registered Agent			7. Name and Address of New Registe	red Agent	
20600 BISCAYNE BLVD. AVENTURA FL 33180       Street Address (P.D. Box Number is Not Acceptable)         Street Address (P.D. Box Number is Not Acceptable)       Chy       FL       Zp Code         Street Address (P.D. Box Number is Not Acceptable)       Chy       FL       Zp Code         Street Address (P.D. Box Number is Not Acceptable)       Chy       FL       Zp Code         Street Address (P.D. Box Number is Not Acceptable)       Chy       FL       Zp Code         Street Address (P.D. Box Number is Not Acceptable)       Chy       FL       Zp Code         Street Address (P.D. Box Number is Not Acceptable)       Chy       FL       Zp Code         Street Address (P.D. Box Number is Not Acceptable)       Chy       FL       Zp Code         Street Address (P.D. Box Number is Not Acceptable)       Chy       FL       Zp Code         Street Address (P.D. Box Number is Not Acceptable)       Chy       FL       Zp Code         Street Address (P.D. Box Number is Not Acceptable)       Chy       FL       Zp Code         Street Address (P.D. Box Number is Not Acceptable)       Chy       FL       Zp Code         Street Address (P.D. Box Number is Not Acceptable)       Chy       FL       Zp Code       Zp Code         Street Address (P.D. Box Number is Not Acceptable)       Chy       FL       Zp Code <td>······</td> <td></td> <td></td> <td>ساندا دیدار بادانین میرا بید از ا</td> <td>   <sup>r</sup></td> <td>Name</td> <td><u> </u></td> <td></td> <td>•</td>	······			ساندا دیدار بادانین میرا بید از ا	<sup>r</sup>	Name	<u> </u>		•
City         FL         Zip Code           6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonda. Lam familier with, and accept the obligations of registered agent.         Ten above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonda. Lam familier with, and accept development of the obligations of registered agent.         Output         Ten Marking (1)         Date           SIGNATURE	208	00 BISCA	YNE BLVD.		5	Street Address (	(P.O. Box Number is Not Acceptable)		
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Inter obligations of registered agent.   SIGNATURE   Sequences types or preted hars of registered agent like if applicable.   POTE Registered Agent segueture recursed when remotioning   Date   State: May 1, 2004 Fee will be \$550.00   Make Check Rayable to Pfortide Department of States   10.   OFFICE: Registered Agent segueture recursed when remotioning   Image: Department of States   11.   Addition: State Addition of the second of the				· · · · · · · · · · · · · · · · · · ·					
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ILE NOW !! r May 1, 200 k Payable to P LIMOND, M <del>19101 MYC</del>	<ul> <li>FEE IS \$150.00</li> <li>Fee will be \$550.</li> <li>Florida Departmen OFFICERS /</li> <li>MICHAEL L.</li> <li>HIC POINTE DR., #</li> </ul>	.00 nt of State AND DIRECTORS 2'Delete H1012 Delete Delete Delete	11. TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-ST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS MORINT HAEL L. LIMOND BLOCATINE BIVD	S.O. Addec  And DIRECTOR  Change  Change  Change  Change  Change  Change  Change	I to Fees S IN 11 Addition Add