2001 UNIFORM BUSINESS REPORT (UBR).

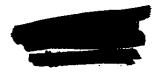
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519 CONSOMINIUM ASSOCIATION, NC.

Principal Place of Business 519 Now Goth Steat

Mailing Address 94195W 67HZ ARIVE May 25, 2001 8:00 am Secretary of State 05-04-2001 90121 003 ****61.25

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Zip		Country	710 S	Country W	5. Certificate	e of Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name	and Address of Current	Registered Agent			d Address of New Re	gistered Agent	
		se L. 1st Staut 1st 5260 1	•	Name Evil Streat A 9419	ddress (P.O. Box Numb	e e / er is Not Acceptable)		
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8. The above	e named entity	submits this statement to	r the purpose of changing its		-	th, in the state of Flori	da.	
SIGNATURE	Signature, typed o	Printed name of registered agent a	ond little if a phicable. (NOT	E: Registered Agent signatu	re required when reinstating)	4/15/0	DATE	<u></u>
•	FILE N	CIN.	9. Election Campaign	n Financino	\$5 00 um no	Make	Check Payable	toe
-	FEE IS		Trust Fund Contrib		\$5.00 May Be Added to Fees	And the second s	artment of Stat	
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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