2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L00000000211				FILED May 22, 2002 8:00 am Secretary of State			
Principal Place of Business 1299: SW: BALTIMORE: STREET PORT: ST: ILUCIE: FL 34983			967077				
2. Principal Place of Business 3219 Oleander Ave Suite, Apt. #, etc.	19 Oleander Ave			DO NOT WRITE IN THIS SPACE			
City & State FORT PIERCE FL	City & State		4. FEI N	umber 65-0977758		Applied For	
Zip 34982 Country	Zip	Country	5. Certif	icate of Status Desired	□ \$5.00 A Fee Requi	Not Applicable dditional red	
6. Name and Address of Cu	rrent Registered Agent		7. Name	and Address of New Reg			
BADAME, KATHERINE E 2995 SE GLASGOW DR.	وما ومورد المعامي مراجع مراجع المراجع	Name Street Addres	<i>a.</i>	umber is Not Acceptable)	• • • •		
STUART FL 34997							
		City			FL Zip Co	de	
8. The above named entity submits this statement SIGNATURE				-	a.		
	FILE N Make Check Pa Du	E: Registered Agent signature requi OW!!! FEE IS \$50.00 iyable to Department e By May 1, 2002	0	9	DATE		
1100	MBERS/MANAGERS	10.		ADDITIONS/CH	IANGES	·	
TITLE MGR BADAME, F. RICHARD STREET ADDRESS 2995 SE GLASGOW DR. CITY-ST-ZIP STUART FL 34997	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	CB2E083 (9(01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST-ZIP		· · · · ·	Change	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME	(- seese		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME Street address City-st-zip			Change	Addition	
TITLE NAME STREET_ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	** **	· · · ·	Change	Addition	
TITLE NAME ! NAME ! STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS City-St-Zip			Change	Addition	
11. I hereby certify that the information supplied indicated on this report is true and accurate a limited liability company or the receiver or tru SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME		eport as required by Char	oter 608, Florid	(3)(i), Florida Statutes. I furti ath; that I am a managing i da Statutes. 29/2002 7 Date	her certify that the ir member or manage 72-466-8 Daylime Phone #	r of the	