

2001 UNIFORM BUSINESS REPORT (UBR)

0013749 AF

DOCUMENT # L00000003847

1. Entity Name
GADAL INTERNATIONAL L.C.

FILED

01 APR 25 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14155 U.S. HIGHWAY ONE . SUITE 302 LOGGERHEAD PLAZA JUNO BEACH FL 33408-1499	Mailing Address 14155 U.S. HIGHWAY ONE . SUITE 302 LOGGERHEAD PLAZA JUNO BEACH FL 33408-1499
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite 210	Suite, Apt. #, etc. Suite 210
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City & State	City & State
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4. FEI Number **91-2020342** Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOWICKI, MARK J
14155 U.S. HIGHWAY ONE
LOGGERHEAD PLAZA, SUITE 302
JUNO BEACH FL 33408-1499

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
	Loggerhead Plaza, Suite 210			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGR TOEPFER, HOWARD 14155 U.S. HIGHWAY ONE , SUITE 302 JUNO BEACH FL 33408-1499	<input type="checkbox"/> Change <input type="checkbox"/> Addition	14155 US Highway One, Suite 210
<input type="checkbox"/> Delete	MGR LENCE, JOHN A 6027 HIGH STAR HOUSTON TX 77081	<input type="checkbox"/> Change <input type="checkbox"/> Addition	900004084719--7 -04/27/01--01046--007 *****50.00 *****50.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE: John A. Lence (406) 752-5032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)