
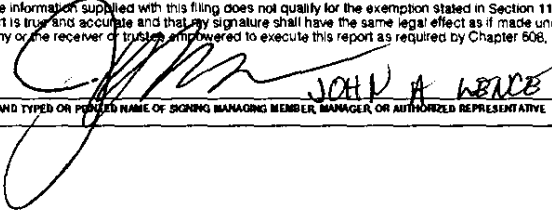


FILED

03 JUN -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

| | | | | | |
|---|-----------------------------------|---------------------------------|---|---|---|
| DOCUMENT # L0000003847 | | | |  | |
| 1. Entity Name GADAL INTERNATIONAL L.C. | | | | | |
| Principal Place of Business 14155 U.S. HIGHWAY ONE, SUITE 210 LOGGERHEAD PLAZA JUNO BEACH, FL 33408-1499 | | | Mailing Address 14155 U.S. HIGHWAY ONE, SUITE 210 LOGGERHEAD PLAZA JUNO BEACH, FL 33408-1499 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 4. FEI Number 91-2020342 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| NOWICKI, MARK J 14155 U.S. HIGHWAY ONE, SUITE 210 LOGGERHEAD PLAZA JUNO BEACH, FL 33408-1499 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | Zip Code | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when necessary) _____ DATE _____ | | | | | |
| FILE NOW WITH FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOEPFER, HOWARD | | NAME | | |
| STREET ADDRESS | 14155 U.S. HIGHWAY ONE, SUITE 210 | | STREET ADDRESS | | |
| CITY-ST-ZIP | JUNO BEACH, FL 334081499 | | CITY-ST-ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LENCE, JOHN A | | NAME | | |
| STREET ADDRESS | 6027 HIGH STAR | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOUSTON, TX 77081 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(X), 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 606, Florida Statutes. | | | | | |
| SIGNATURE:  | | JOHN A. LENCE | | 65-03 (406) 892-1744 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | One | | Daytime Phone # | |

CREERS (10/02)