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

## FILED Apr 14, 2003 8:00 am Secretary of State

1. Entity Nan	MENT # <b>LOOOOO</b> ROUP I, L.L.C.		03-14-2003 90005 047 ****50.00							
Principal Place of Business 933 BLUE HERON OVERLOOK OSPREY FL 34229		Mailing Address 933 BLUE HERON OVERLOOK OSPREY FL 34229								
2. Principal F	Place of Business	3. Mailing Address	<del></del>							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							,	
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<del></del>	6. Name and Address of Current I	Registered Agent		Name	7. Name ar	nd Address of New I	Registered /	Agent		4
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				City			FL	Zip Cox		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registére	ed office or register	ed agent, or b	oth, in the State of Fl	orida. Iam f	amiliar with	and accept	]
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title it applicable. (NOTE	: Registere	d Agent eignature required	when reinstating)	<del></del>	DATE			
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9.	MANAGING MEMBER	<del></del>	10.			ADDITIONS	/CHANGES			ໄລ
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NAME - STREET ADDRESS	IMCTF & G LLC 2033 Main Street, Suite 600		NAMI	E Et address	•	•				-
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indicated	ertify that the information supplied with the on this report is true and accurate and the	na ming does not quality for i	ne exen	INDUM STREET AS IT SEC	uon 119.07(3)	(i), Florida Statutes, I	runther certif	y mat the in	normation	ĺ

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:

MANNAUS BEAR MADAGER

3/10/03

941-966-6264

Daytime Phone #



ICARD, MERRILL , CULLIS, TIMM, FUREN & GINSBURG, P.A. 2033 Main Street, Suite 600 Postal Drawer 4195

Sarasota, Florida 34237 (941) 366-8100 Fax: (941) 366-6384

## - FAX INFORMATION-SHEET

DATE:

April 11, 2003

FAX TO:

David J. Watts

**FAX NUMBER:** 

966-6264

IMCTF&G CLIENT/MATTER #: 39421/48778

**FAX FROM:** 

Talia R. Kohne, Assistant to Bruce P. Chapnick, Esq.

NUMBER OF PAGES (Including this cover sheet): 2

IF YOU DO NOT RECEIVE ALL OF THE PAGES INDICATED, PLEASE CALL THIS NUMBER AS SOON AS POSSIBLE: (941) 366-8100.

**COMMENTS:** 

Attached please find Form SS-4 (Application for Employer Identification Number). Please fill in your Social Security Number (Item 7b) and sign the document. Please fax the completed form back to us for filing with the Internal Revenue Service.

This faceimile message contains information from any attorney to his client or addresses on behalf of his client. The information is privileged and confidential, intended only for the use of the addressee. Any non-addressee is prohibited from disseminating, distributing or copying this communication. If you are in possession of this communication in error, please immediately notify the sender by telephone. Thank you.

DONE -

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		where principal busing COUNTY, FL.					
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