LIMITED LIABILITY COMPANY

FILED May 12, 2002 8:00 am Secretary of State 05-12-2002 90578 027 ****50.00

UNIFORM	M BUSINESS	REPORT	(UBR)
DOCUMENT #	L00000004225		
1. Entity Name			

1. Entity Nar	S TRESSED_OUT, L.C.	3				
DO NOT WRITE IN THIS SPACE				\$57324		
Principal Place of Business 3. Mailing Address c/o		Gilles	spie & Alli	son		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.		ral High	nway		CEDACE	
200 300				DO NOT WRITE IN THIS SPACE		
City & State Boca Raton, FL Boca Raton, FL				4. FE! Number 65~1002860	Applied For Not Applicable	
Zip 33431	Country	Zip 33432	Country		5. Certificate of Status Desired	\$5.00
		- appear			7. Name and Address of Current Register	
Name Donald I			Donald M.	Allison, Esq.		
DO NOT WRITE IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable) Gillespie & Allison, P.A.			
IN THIS SPACE			1515 South Federal Highway, Suite 300			
			City Zip Codo			
8. The above	named entity submits this statement for	the purpose of changing its re	egistered of		agent, or both, i n the State of Florida.	33432
SIGNATURE .	•					
SIGNATORE .	Signature, typed or printed name of registered agent	and title if applicable.		· ·	DATE	
	and the second section of the se	Make Check Pa	FEE IS \$5 yable to [DUE BY M	Department of	State	
9.	MANAGING MEMBE	RS/MANAGERS		P (A1) 153 17 (2) 17 (2	\$2100.00 mmst 1513.1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Capano, Jouis J., Jr. 3010 MilitaryaTrail, Boca Raton, FL 33431	Suite 200	TITLE NAME STREET A CITY-ST-	- 11		3R (12/01)
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	and a mar this inicitability supplied with 4	us autor doos net quality for the	a avamation	etated in Section	110 07(0)/ () Eta-id- Cont	1

I nereby 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 fustee emogwered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-23-02 561 368-5758

Daytime Phone #