LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2003 8:00 am Secretary of State

U	NIFOR	M RO2	INE22 KEPOH	(I (ORK)	Secretary of Sta		
1. Entity Nan	ne		MEB LLC		03-26-2003 90048 012 ****50.	00	
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a sime in		NI AAIN					
	Place of Busine		3. Mailing Address		전 		
2440 ARABIAN TRAIL Suite, Apt. #, etc.			Suite. Apt. #, etc.	SAN TRACL	DO NOT WRITE IN THIS SPACE		
City & Star	to		City & State		4. FEI Number Applied Fe	or .	
المهمار ١٥ ١٥	in BETHE		or koun be		59 3644366 Not Applic		
- 32174		Country U.SA =	Zip ・ラントフンナ	Country	5. Certificate of Status Desired		
<u> </u>	1-1				7. Name and Address of Current Registered Agent		
				Name 120	BERT PALLER.		
	D (J NOT	WRITE		(P.O. Box Number is Not Acceptable)		
	IN	THIS	SPACE	411	444-00-00-00-00-00-00-00-00-00-00-00-00-		
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	Like State St			·City Qk	LEOND BEACH FL 320074		
SIGNATURE	Signature, speed or	printed name of register		FEE IS \$50.00 able to Florida Departm	ont of State	-	
9.			MEMBERS/MANAGERS				
TITLE	MADAGE	ne nen	BER	ុក្សា ្នា			
NAME	ROBEET	, packed Arabina	TEALL	NAME	with the second of the second		
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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 early; 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.

TITLE -

NAME.

STHEET ADDRESS

CiTY-ST-ZIP

SIGNATURE! (Columb Jackuse)	ROBERT PALMER	3/24/03	386 671 1572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MA	NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #

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MAME

STREET ADDRESS

CITY -ST-ZIP