The Transfer of the Paris of th)		(142) - S	3+64
UNIFORM BU INESS RE	OMPANY 7	/			
UNIFORM BUSINESS RE	PORT (UBR)	_			
INCUMENT # LOOOOOC	06677		:		
Four Musketeers Investm	16677 Jent Broup, L.L.C	FILED		* .	
		02 AUG 14 AM 10: 16	į		1/14
DO NOT WRITE IN TH	IIS SPACE	SECRETARY OF STATE TALLAHASSEE, FLORIDA	:		
2. Principal Place of Business 3. Mailing A 5000 SUCOMORE DY 5700	ddress Vica man of Ar	3000072284034 -08/20/0201049009	 		- [] [
Suite, Apt. #, etc. Suite, Apt.	1, etc.	-U8/2U/U2U1U49009 po no####200Ms2BACE####200.00			
Neiphs. Florida City & Sta	bles. Florida	4. FEI Number 65-1103967 Applied For Not Applicable			
2ip 34119 Country Zip 34	119 Country	5. Certificate of Status Desired Status Desired Fee Required			
	Nam	7. Name and Address of Current Registered Agent			
DO NOT WRITE	Street Address (F	AS -A. Collins, II. Esquire C.O. Box Number is Not Acceptable) Collins & Vernon			
INTHIS SPACE		niami Prail tast			
	City NOU	ES FL Zip Code.			
8. The above named earlity submits this statement for the durnary	changing its edistered office or registers	d agent, or both, in the State of Florida.		1 62 1	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	IT COLLD	J J SECRETARY	-		1
Mate	PEE IS \$50.00 Check:Payable to Department of		11:		
	DUE BY MAY'1	Salte (6	
MANAGING MEMBERS MANAGERS	m/AMA				
MAKET ADDRESS 5000 SUCCEPTORE Dr. CITY-ST-ZIP Mapics, FLorica 3411	MG-18 MANE STREET ADDRESS	(12/ ₀)			
cny-st-zip Mapics, Florida. 3411	The state of the s	0838			
NAME	TITLE	SRZE			
STREET ADDRESS : CITY-ST-ZIP	STRET ADDRESS CITY ST. ZIP	Company of the Compan			
TITLE PEINSTATEMENT 200 STREET ADDRESS STREET ADDRESS 200	TITLE NAME 1753				
STREET ADDRESS CITY-ST-ZIP	2 STREET ADDRESS	DO NOT WRITE			
TITLE	mil Single				
NAME STREET ADDRESS	NAME: STREET ADDRESS	IN THIS SPACE	Section 1		
TILE	CITY ST-ZIP		 		
NAME STREET ADDRESS	TITLE TINAME THE				
CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP				
TITLE NAME.	TITLE NAME (S. 4				
STREET ADDRESS CITY #ST-ZIP	STREET ADDRESS!		6.000m		
11 Thereby cortification information as a final distriction	CITY-ST-ZIP	n 119.07(3)(i), Florida Statutes. I further certify that the information		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
indicated on this report is true and accurate and that my signature s simited liability company or the receiver or trustee empowered to exe	name have the same legal effect as if made cute this report as required by Chapter 6	under oath; that I am a managing member or manager of the 08, Florida Statutes.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING ME	MGR MANAGER, OR AUTHORIZED REPRESENTAT	4/30/02			
S CONTROL MAINTENANCE ME	ANAGER, OR AUTHURIZED REPRESENTAT	Date Dayume Phone r			