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

FILED Jul 17, 2002 8:00 am Secretary of State

DOCU 1. Entity Na	JMENT	# L 000000)0661 F							
	M	IC LLC			(Q))		- -		
	DO N	OT WRITE	IN THIS	SPACE		,				
	Place of Busin	arkway Suite 300	3. Mailing Address 18805 Dugu	nana Du	ive					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number			Applied For		
Zip 30	mpa,	Country	Tampa,	Country					X Not Applicable	
Zip 33	637	USA	33647	(<i>701</i> (5. Certificate of Sta		Fee	.00 Additional Required	
				Na	122.6	Name and Addres				
	D	O NOT W	Sir		rida Incorporators, Inc.					
IN THIS SPACE				30	287	P.O. Box Number is Not Acceptable) 75 Hidden River Parkway				
IN THIS SPACE					Su	ite 300			,	
•					\mathcal{T}_{a}	am pa		FL	Zip Code 33637	
8. The above	e named entity	submits this statement for	the purpose of changing	its registered offi	ice or registered	l agent, or both, in th	he State of Florid			
									4	
				Mark Ho		Procident	ϵ	7/00	1/0000	
SICKATURE	Signature, typed o	я printed name of registered agont ar	nd litte if apalicable.	Mark Ha		President	<u> </u>	07/09	1/2002	
	Signature, typed o	a privited name of redistered agent ar	nd little if applicable.	FEE IS \$50.	ankins, 00		3)7/0°	1/2002	
	Signature, typod o	ए । ainleed manne of recipileteed age at ar	nd little if applicable. Make Check F	FEE IS \$50. Payable to De	ankins, 00 partment of S		<u></u>	07/09	1/2002	
SIGNATURE	Signature, Egyad o		Make Check F	FEE IS \$50.	ankins, 00 partment of S		3	07/04	1/2002	
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SIGNATURE J. HILLE JAME	MANA 6	MANAGING MEMBER ER E EULANDA J	Make Check F	FEE IS \$50. Payable to De	ankins, 00 partment of S		<u></u>	07/09		
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VERENA EULANDA JEFFERS, HANAGER NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07/09/2002

888-352-2677

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