2001 UNIFORM BUSINESS REPORT (UBR

DOCUMENT # L0000006801							The state of			
VILLAGE					FILED					
							_	was AM It's	86 ·	
Principal Place of Business Mailing Address							Ę	TWO SO WILLS.	F	
341 NORTH MAITLAND AVENUE, SUITE 340 341 NORTH MAITLAND AVE					SUITE 340			SEGRETARY OF STAT TALLAHASSEE, FLOR	<u>ā</u> a	
MAITLAND FL 32751 MAITLAND FL 32751										85161 (16) (16)
Principal Place of Business 3. Mailing Address										
2. Principal Place of Business 3. Mailing Address Post Office Dra					7540			. 1251/201 201 251/1 451/1 451/1 451/1		
Suite, Apt. #, etc. Suite, Apt. #, etc.								DO NOT WRITE IN T	HIS SPACE	
City & State City & State							4. FEI N	lumber 3652782		oplied For
Zip Country / Zip				Florida Country					\$5.00 Add	ot Applicable
			2794-7540	· · · · · · · · · · · · · · · · · · ·			ficate of Status Desired	Fee Require	d	
-	6. Name and Address of Curren	t Hegist	ered Agent		Name		7. Name	e and Address of New Register	eu Agent	- ,
TATICH, I					Street Ac	idress (F	P.O. Box N	lumber is Not Acceptable)		
341 NOR	•									
MAHLANI	D FL 32751				City				FL Zip Cod	e
8 The above	named entity submits this statement f	or the ni	rnose of changing its	registere	ed office or	registere	ed agent. (, e	
0. 1110 above	Thamba drinky dabrinto and statement	oo p.	A POOC OF OTHER ISSUED	o regiotert	34 3,1103 31	.09.0.0.0	o ago		•	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if	applicable. (NOT	E: Registere	d Agent signatu	re required v	when reinstati	<u>~20000369</u>		==9
			· FILE N	OW!!! I	FEE IS \$	50.00		-02/08/01 *****50.		
	a.		Make Check Pa				State			
9. MANAGING MEMBERS 10								ADDITIONS/CHAN	GES	
TITLE NAME			☐ Delete	T∤TLE NAM				Member hilip	☐ Change	X Addition
STREET ADDRESS				STRE	ET ADDRESS			iew Terrace		
CITY-ST-ZIP TITLE			☐ Delete	CITY	-ST-ZIP			rk, Florida 3278	Change	Addition
NAME			Li Delete	NAM	E ,		ging i	Member Ray	Criango	33. 7.00000
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP			n Cove Road		
TITLE			☐ Delete	TITLE		WING	er-ka	rk, Florida 3278	☐ Change	☐ Addition
NAME STREET ADDRESS				NAM STRE	E Et address					
CITY-ST-ZIP	,			- 	-ST-ZIP			V		
TITLE NAME			☐ Delete	T/TLE NAMI					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			<u>-\$</u>		ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
name Street åddress (NAME STREE	E Et address					1
CITY-SŤ-ZIP				CITY-	-ST-ZIP					
TITLE 🥞 NAME			☐ Delete	TITLE					Change	Addition
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP 11. I hereby c	certify that the information supplied wit	h this fili	ng does not qualify fo		ST-ZIP mption state	ed in Sec	tion 119.0	07(3)(i), Florida Statutes. I further	r certify that the ii	nformation
indicated	on this report is true and accurate and bility company or the receiver or truste	that my	signature shall have	the same	legal effec	t as if ma	ade under	oath; that I am a managing me		
	- Whatik			<u>ung</u> at	7			16-1-1	11	
SIGNATURE: 407/629-4433 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date										