

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007351 1. Entity Name <p style="text-align: center;">BAVARIAN PARTY HOME SERVICES, L.C.</p>				<p>FILED</p> <p>01 SEP 13 PM 12:17</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
Principal Place of Business 709 Cape Coral Pkwy W Cape coral, FL 33914		Mailing Address 709 Cape Coral Pkwy W Cape Coral, FL 33914		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 1105 Cape Coral Pkwy E Suite, Apt. #, etc. Suite C City & State Cape Coral FL Zip 33904 Country USA		3. Mailing Address 1105 Cape Coral Pkwy E Suite, Apt. #, etc. Suite C City & State Cape Coral FL Zip 33904 Country USA			
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent Farmar, Monika 709 Cape Coral Pkwy West Cape Coral, FL 33914				7. Name and Address of New Registered Agent Name Christine F. Wright, Esq. Street Address (P.O. Box Number is Not Acceptable) 1105 Cape Coral PKwy East Suite C City Cape Coral, FL Zip Code 33904	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE 1/7/01 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
FILE NOW! FEE IS \$50.00 Make Check Payable to Department of State					
9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Dormeier, Juergen M Lerch Kogelstrasse 4 83661 Lengries, Germany	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CR2E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Dormeier, Patricia N Lerch Kogelstrasse 4 83661 Lengries, Germany	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Dormeier, Patricia N Lerch Kogelstrasse 4 83661 Lengries, Germany	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Dormeier, Patricia N Lerch Kogelstrasse 4 83661 Lengries, Germany	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Dormeier, Patricia N Lerch Kogelstrasse 4 83661 Lengries, Germany	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Dormeier, Patricia N Lerch Kogelstrasse 4 83661 Lengries, Germany	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 oath; 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.					
SIGNATURE: member Date 9/4/5/02007					