2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000008453

1. Entity Name

MADURA & TEMPLETON, CERTIFIED PUBLIC ACCOUNTANTS



Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90116 042 ****50.00

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Principal Place of Business			Mailing Address	· ·			& U D I	3U#U V			
2133 Northwest 5th Street Boca Raton FL 33486				2133 NORTHWEST 5TH STREET BOCA RATON FL 33486			3				
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2. Principal f	Place of Busi	ness	3. Mailing Address	3. Mailing Address							
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State	City & State			er 65-1026119		Ar	plied For	
Zip Country			Zip	Zip Cour				<u> </u>		t Applicable	
— P						5. Certificate	of Status Desired	⊃ Ş ɔ.∪ Fee R		ditional d	
	6. Name	and Address of Curren	nt Registered Agent		Name *	7. Name and	Address of New Regis	tered Agent			
	GER, BERN								·····		
	5-a sherid Llywood i	Dan Street Fl 33021			Street Address (P.O. Box Number is Not Acceptable)						
				,	City						
					City				p Code		
The above the obligat	named entit tions of regist	y submits this statement tered agent.	for the purpose of changin	g its registere	ed office or reg	gistered agent, or both	n, in the State of Florida.	I am familiar	with,	and accept	
SIGNATURE .											
	Signature, typed	or printed name of registered ager	nt and title if applicable.	(NOTE: Registered	d Agent signature re	equired when reinstating)		DATE			
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9.	-	MANAGING MEMB	I BERS/MANAGERS	10.			ADDITIONS/CHA	NGES			
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NAME	MADURA		·	NAME							
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Inereby 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: BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

561-338-5084