LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am Secretary of State

DOCUMENT # L 00000008607			05-12-2002 90609 003 ****50.00	
	NE. COM L			
DO NOT WRITE IN THIS SPACE			958348	
2. Principal Place of Business		ring filling over filter street.		
Suite, Apt. #, etc.	<u>_3/•//03/ //</u>	57. /03/ WORTH "E" 57. Suite, Apt. #, etc.		
LAKE WORTH,	City & State	14111	DO NOT WRITE IN THIS SPACE	
33460 County	USA 33460	Country USA	65-/0073. 5. Certificate of Status Desired	Applied For Not Applicable \$5.00 Additional
			7. Name and Address of Current Rec	Fee Required
	T WRITE ::	<u> </u>	OBERT HA	40
	SISPACE		30 Number is Not Acceptable	"STREET
8. The above named entity submits this st	atement for the purpose of changi	City LAK	E WORTH	FL 33460
SIGNATURE Signation by printed name of reg	istal (dagent and title if a philoable.	mbes LLL	ed agent, or both, in the State of Florida. $4-26$	-12
	50.544.420	L FEE(IS \$50:00 %		DATE
[Make Chec	k Payable to Department of	State	*sd s.
I MGK	MEMBERS/MANAGERS	AMERICANA DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARRESTA		
NAME STREET ADDRESS CITY ST. 709	HN F ST.	MAKE		
CITY-ST-ZIP LAKE WOR	TH, FL 3346	O STREET ADDRESS CITY-ST-ZIP		
NAME	H EST.	TITLE A		
CHY-ST-ZIP LAKE WORTH	4 FL 33460	STREET ADDRESS CITY-ST-ZIP		
NAME	/			
STREET ADDRESS**********************************		NAME - STREET ADORESS		
TITLE .		CHY-ST-ZIP	DO NOT WE	
STREET ADDRESS : CITY-ST-ZIP		NAME STREET ADDRESS	IN THIS SPA	'CE
ITLE AME		CITY-ST-ZIP	Anger I in the Children of the	
TREET ADDRESS		NAME		
TILE		STREET, ADORESS CITY - ST - ZIP		
AMETREET ADDRESS		TITLE NAME		
1 horoby partition	grand grand	STREET ADDRESS CITY-ST-ZIP		The second secon
I hereby certify that the information supplies indicated on this report is true and accurate limited liability company or the receiver or united.	d with this filing does not qualify for e and that my signature shall have	r the exemption stated in Section the same legal effect as if made	119.07(3)(i), Florida Statutes. I further co	ertify that the information
0 -	and empowered to execute this	report as required by Chapter 60	B. Florida Statutes.	per or manager of the
SIGNATURE: KOBERT SIGNATURE AND TYPED OF PRINTED NA	AME OF SIGNING MANAGER ME		16 4-26-02	684-71AZ
		AGER OR AUTHORIZED REPRESENTATIVE	Date	- 1100