2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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DOCUMENT # L0000008981							FILED						
RICHLAND					03 AF	R 30	OI MA	1: 58					
Principal Place of Business Mailing Address							SECRETARY OF STATE TALLAHASSEE FLORIDA						
4890 W. KENNEDY BLVD SUITE 850 4890 W. KENNEDY BLVD SUITE 850 TAMPA FL 33609 TAMPA FL 33609							IVLL	petter a c					
	· · · · · · · · · · · · · · · · · · ·	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·										
2. Principal P	_												
Suite 920			4890 West Kennedy Blvd. Suite, Apt #, etc. Suite 920			CHECK HERE IF MAKING CHANGES							_
Taun pag FL 33609-1863		Tampa, FL	Eampa, FL 33609-186			J9 3/00 1 0/						pplied For ot Applicable	
-Zip	Country	Zip	Count		5. C		ificate of	Status Des	sired		\$5.00 Add		
	6. Name and Address of Current F	Registered Agent		Nama				ddress of	New Reg	istered A	gent ·	·	-
WES	T, DALE A			Name		&LC		ra Tora Ti	DIIII-	ninc			1
4890 W. KENNEDY BLVD., SUITE 850				Street A	ddress P	THE GREEN EAT BUILDING 200 LAURA STREET, 3RD FLOOR						1	
IAM	PA FL 33609				J	ACKS	ONV	ILLE, I	FL 322	02-35	10		
			ļ	City						FL	Zip Cod	le	1
8. The above	named entity submits this statement for	the purpose of changes	1 &L Corp			ent,	or both,	in the State	of Florid		amiliar with,	and accept	1
SIGNATURE _	ons of registered agent.		y: R.J. Wol	·					<u> </u>				
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent a		(NOTE: Registered							DATE			1
		Make Check Pay	NOW!!! F	rida Dep	ou.uu artmen	t of Sta	′5 [11] te:)() 	759 1871	1146 M	55 ₩55.00	ì	
			Due By Ma	y 1, 2003	3	01	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		JUJA A	201 A	mana mi	,	
9.	MANAGING MEMBER		10,		MGF	2			IONS/C				٦
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CITY-ST-ZIP	TAMPA FL 33609-1863			S1-ZIP	Ta	mpo	<u>~ f</u>	<u>- L</u>	236	04 -	1802	Addition	Ä
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CITY-ST-ZIP			CITY-	ST-ZIP									
indicated :	ertify that the information supplied with to this report is true and accurate and to this company or the receiver or trustee.	hat my signature shall ha	ave the same	legal effec	t as if ma	ide unde	r oath; th	atlam a r	tutes. I fu nanaging	rther certi member	ify that the ir or manage	nformation er of the	