2001 UNI	FURM BUSI	NESS KEPU	n i	(UDI	K)						
DOCUMENT # L0000009664 1. Entity Name										Trans.	
THE SOUTH FLORIDA WEATHER CENTER, L.L.C.						FILED					
						2001 MAY -9 PM 12: 46 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA					
Principal Place of Business Mailing Address						PH 12: 46					
3235 S.E. 26TH STREET	3235 S.E. 26TH STREET						ιυιν _{ίς} Τλί	ON OF	CORPO	RATIONS	
OKEECHOBEE FL 34974 OKEECHOBEE FL 34974								7 (4)	-LAHA	SSEE, FL	ORIDA
2. Principal Place of Business		3. Mailing Address				,	ABBILBIL BIL BBILL		 	88118 1811B BITT	8/11/ 8/8/ 184/
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DC	NOT WRIT	E IN THIS	SPACE	
City & State	City & State				4. FEIN	lumber 5-103	3724	2	<u> </u>	oplied For ot Applicable	
Zip	ZIp ————————————————————————————————————					ficate of Status			-\$5.00 Ad	ditional	
6 Nam	e and Address of Current F	Registered Agent				<u></u>	and Addres		enistered	Fee Require	ed
O. Num	o and Address of Carrett	legisterou Agent	•	Name		7, 140111	, mild Addi 00	3 01 11011 11	Jacoba	Agont	
MADRAK, ROBERT A					itreet Address (P.O. Box Number is Not Acceptable)						
3235 S.E. 26TH STE		. ,									
OKEECHOBEE FL 3			City	City				FL Zip Code			
8. The above named entity cultonite this statement for the surpose of chargins its resist.					r rogintor		ar both in the	State of Ele	 -	<u> </u>	
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											
FILE NOW!!! FEE IS \$50.00							\				
Make Check Payab						f State	,				
9.	10.				Δ	DDITIONS/	CHANGE	<u> </u>			
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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: 5-1-0/ (863) 467-7078											
SIGNATURE:	AND TYPED OR PRINTED WALLS OF	SIGNING MANAGING MEMBER, MAN	AGER OF	AUTHOPPER) BEDDECEN	TATIVE	_/- /- €				78
NUMBER	- MIN I I FED OR PRINTED NAME OF	очение мемение мемен, MAN	AUEN, OH	MU I HUKKEE	, nernesth	TIALIVE	Date	,	1	Daytime Phone #	