LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED May 05, 2003 8:00 am Secretary of State

| DOCUMEN  1. Entity Name  THE CAR SAI        | LON, L.L.C.                             | 7129                         |   | 05-05-2003 9069   |                                |
|---|---|------------------------------|---|---|--------------------------------|
| DO  | NOT WRITE                               | IN THIS S                    | PACE  | -<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>- | D                              |
|   | <u>Commercial Blud</u>                  |                              |   | DO NOT WRITE IN   |                                |
| City & State                                | LEDALE FI.                              | City & State<br>FT Laude     | RdAle Fl.   | 4. FEI Number 65-/031196  | Applied For Not Applicable     |
| 33334                                       | BROWARD                                 | 33334                        | BROWARD   | 5. Certificate of Status Desired  | \$5.00 Additional Fee Required |
| 8. The above named at the obligations of re |   | r the purpose of changing it | Street Adgress ( Street Adgress (  Street Adgress (  PT /  Street Adgress (  Street | AVALE DA/E red agent, or both, in the State of Florida.                                     | FL 3334                        |
| 9.  | MANAGING MEMBE                          |                              | DUL DI MAIN,  |   |                                |
| TITLE PD                                    | DESIDENT<br>THE CAR SAI<br>LAU DELGALE, | ······                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP       |   | -                            | TITLE NAME STREET ADDRESS CITY: ST-ZIP  |   |                                |
| TITLE NAME                                  |   |                              | TITLE<br>NAME   | $\Delta = \Delta t$   |                                |

STREET ADDRESS STREET ADDRESS DO-NOT WRITE City-ST-ZiP CHY-ST-ZIP\* TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

ATURE AND YPED OR PRINTED HAME

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/03 954-938-69

Daytime Phone #