2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010213

1. Entity Name

INOBBAR, L.L.C.



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90025 049 ****50.00

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S. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 9. Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the onligators of registered agent, or both	City & Stat	te		City & State				4. FEI Number	59-366553	3		` `	
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MUSCA, DANIEL G 101 EAST KENNEDY BOULEVARD, SUITE 2800 TAMPA FL 33602 City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Price Provide the purpose of changing its registered agent (price or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Price Provide the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Price Price Provide the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Price Price				alie veelees et iteli tiedisteies videlit					7				
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11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	CITY-ST-ZIP					1							
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indicated on this report is true and accurate and triat 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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE