## FILED Apr 18, 2002 8:00 am Secretary of State

2002 UNIFORM	<b>BUSINESS</b>	REPORT (	(UBR)
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1. Entity Name	MENT # LOOOOO ER LEE ENTERPRISES II, LL ごをーつらつろし	.c		<b>9</b> • 4 17		03-24-20	•	y U1 & 38 005 ***		
Principal Place		Mailing Address			1				, , , , , , , , , , , , , , , , , , ,	
1702 BEN CON ORLANDO FL	VE CT	1702 BEN COVE CT ORLANDO FL 32818						þ	,	
					1 FREITER BU	EDRAF MDAM OBJUL ADUL	r <b>e e</b> lika <b>e e</b> lek	40 <b>1</b> 01 <b>03</b> 00 <b>310.0</b> 0 <b>0</b> 0	III 1 <b>36</b> 1 (33)	
2. Principal P	lace of Business	3. Mailing Address								_
Suite, Apt:	#, etc	Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS	SPACE		
City & State City & State			4. FEI Number APPLIED FOR Applied For Not Applicable					]		
Zìp	Country	Zip	FCour	try	5. Certificate of S	Status Desired		\$5.00 Add Fee Required		
	6. Name and Address of Current	t Registered Agent	<u> </u>	<u>-</u> -	7. Name and Ad	dress of New R	agiateroc	Agent		-
		-i-		Name						1
	ERRY, JOHN CARL BRIAN 2-BEN: GOVE: CT			Street Address (	(P.O. Box Number is	Not Acceptable	)			
	LANDO FL 32818				<u> </u>					]
				City			F	Zip Code	3	1
8. The above	named entity submits this statement for	or the purpose of changing it	s register	ed office or registe	red agent, or both, is	n the State of Flo	rida.			1
SIGNATURE.			TE DESIGN	d Agent signature require	d use and entertained	<del></del>	DATE			
	Signature, typed or printed name of registered agen	2	11. 14.	FEE IS \$50.00	19 JAT N. T. 1904					1
		Make Check P	ayable	o Department o ay 1, 2002						
9.	MANAGING MEMB	ERS/MANAGERS	10.	3.5 3.5 3.5		ADDITIONS	CHANGE			1_
TITLE NAME STREET ADDRESS	MGRM THIERRY, JOHN CARL BRIAN 1702 BEN COVE CT	Delete	TITL NAM STRI	L.				☐ Change	☐ Addition	CR2E083 (9/01)
CITY-ST-ZIP	ORLANDO FL 32818		CITY	-ST-ZIP						12
TITLE AMAGE STREET ADDRESS		☐ Delete						Change	☐ Addition	3
TITLE	<u> </u>	☐ Delete	m					☐ Change	Addition	1
NAME			: NAM	KE						-
STREET ACCHESS*				EET ADDRESS - St_ZIP				*		]
TITLE		Delete	TITL	E			<b>⇒</b> —	Change	- Addition_	
NAME			NAM	IE EET ADDRESS				-	مهر ووييشر	
STREET ADDRESS CITY-ST-ZIP				- ST-ZIP	_					
TITLE		Delete	TITL	- L				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STR	EET ADDRESS						-
CITY-ST-ZIP				'-ST-21P						1
TITLE		☐ Delete	TITL					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			\$TR	EET ADORESS 7- 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
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SIGNAT	SIGNATURE AND TYPED OR PRINTED HAME	OF SIGNING MANAGING MEMBER, M	ANAGER, OF	AUTHORIZED REPRES	ENTATIVE	Date		Deylime Phone #		