LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am Secretary of State

04-22-2002 90236 038 ****50.00

943268

1. Entity Name	IENI# <u> </u>	.000000	10474
,		Warehouse,	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
113 Victorian Lane
Suite, Apt. #, etc.

3. Mailing Address
113 Victorian Can
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent					
Name	St	P.O. Box Number is Not	· White		
Street Ad	ddress (P.O. Box Number is Not	Acceptable)		
11	3	Victorian	lane		
011					

Stephen M. White 4/14/02

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	TITLE	
NAME	Stephen M. White	NAME	
STREET ADDRESS	stephen M. White	STREET ADDRESS	
CITY-ST-ZIP	Jupiter, Fl 33458	ENY+\$1-289	
TITLE	mg Rm ·	TRE	
NAME	Karen S. White	NAME	
STREET ADDRESS	113 Victorian Lan	STREET ADDRESS	
CITY-ST-ZIP	Jupiter F1 33458	CITY-ST-ZIP	
TITLE:		une	
NAME		MAME	
STREET ADDRESS		STREET ADDRESS	200 APA D. S. S. Alexander C. C. Carrella Communication
CITY-ST-ZIP		CITY-ST-2IP	DO NOT WRITE
TITLE	· ·	HAE	INI THE AMERICA
NAME		NAME	IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY ST-ZP	
TITLE		THE	
NAME	•	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CATY-ST-ZIP	
TITLE	No.	TIME .	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CATY-ST-ZPP	

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 receipt of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE: STOPPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER

Stophen m. White

4/14/00

561-743-6336

Daytime Phone #