

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 30 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000011032

1. Entity Name
TEGHO TRADING COMPANY, L.L.C.

Principal Place of Business Mailing Address
1434 Cassandra Drive 1434 Cassandra Drive
Jacksonville, FL 32217 Jacksonville, FL 32217

2. Principal Place of Business 3. Mailing Address
12700 SW 67 Ct. 12700 SW 67 Ct.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, Florida Miami, Florida

4. FEI Number Applied For
59-3669120 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Zip Country Zip Country
33156 USA 33156 USA

6. Name and Address of Current Registered Agent

HEEKIN, ROBERT A
4347-4 University Boulevard South
Jacksonville, Florida 32216

7. Name and Address of New Registered Agent

Name
Heekin, Robert A.

Street Address (P.O. Box Number is Not Acceptable)
1 Sleiman Parkway, Suite 280

City State Zip Code
Jacksonville FL 32216

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: *Robert A. Heekin* DATE: 4/25/01

Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Heekin, Robert A 1 Sleiman Parkway, Suite 280 Jacksonville, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tegho, Roberto 12700 SW 67 Ct. Miami, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Robaina, Fabiöla 12700 SW 67 Ct. Miami, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Scul, Julio 12700 SW 67 Ct. Miami, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004220376--4 -05/16/01--01087--030 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert A. Heekin* Date: 4/25/01 Daytime Phone #: 904/636-9777

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

CR2E083 (1/1/00)