2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUI 1. Entity Name MADSYD	e	0000011769						ILED			;	
WINDOTD	, c.c.o.						01 APR -					
Principal Place 1560 PERIWIN SANIEL FL 33	IKLE WAY	Mailing Address 1560 PERIWINKLE WAY SANIEL FL 33957	1560 PERIWINKLE WAY			SECRETARY OF STATE TALLAHASSEE, FLORIDA						
							11111 E8111 E8111 F8		## ## ################################	L ANNO TOTAL TARK	•	
2. Principal Pi	ace of Business	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State	City & State			A FFIAL WAY						
						52-	2276		No	ot Applicable	;	
Zip	Country	Zip	Country	,	5C	ertificate of St	atus Desired		\$5.00 Add Fee Require			
	6. Name and Address of Cu	rrent Registered Agent		Name	7. Na	me and Add	ress of New Re	egistered A	\gent		7	
HALL, JIM	I IWINKLE WAY		Street Address (P.O. Box Number is Not Acceptable)					
SANIEL FI											-	
			 	City		.	* 17 - 28 1111	FL	Zip Cod	е	+	
8. The above	named entity submits this statem	ent for the purpose of changing its	registered o	office or r	egistered ager	nt, or both, in	the State of Flor		<u>'</u>		1	
SIGNATURE _												
:	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	: Registered Ag	ent signature	required when rein	stating)		DATE			-	
,		FILE NO Make Check Par	OW!!! FE yable to 0			,						
9.	MANAGING M	IEMBERS/MEMBERS	10.	,			ADDITIONS/0	CHANGES]_	
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CITY-ST-ZIP	urtify that the information arms !!	I with this filler days and a self of	CITY-ST-		41- O. W. 11	0.07/0\//\	11.0				-	
indicated o limited liabi	in this report is true and accurate ility company or the receiver or tr	d with this filing does not qualify for and that my signature shall have the usee empowered to execute this re	ine exempti ne same leg eport as rec	ion stated gal effect : quired by	r in Section 11: as if made und Chapter 608, F	9.07(3)(i), Fło ler oath; that Florida Statute	rida Statutes. I f I am a managir es.	urther certi ig member	ty that the in or manager	formation of the		