## FILED Apr 16, 2002 8:00 am Secretary of State

2002 LIMITED LIABILITY COMPANY

UNIFORM B	04-16-2002 90090 011 ****50.00					
DOCUMENT # LO	00000/303 STREET LLC	33		0 <del>4-</del> 1 <i>0-2002                                 </i>	20 011 · 30.0	<b>∵</b>
DO NOT W	93832g					
2. Principal Place of Business 2230 - 2207 9 <sup>TH</sup> 5T.  Suite, Apt. #, etc.	2207 9TH ST. WEST 8519 10		DO NOT WRITE IN THIS SPACE			
City & State BRADENTON, FLORIDA Zip Country 34209 U.S.	Zip	, FLORIDA Country U -5-	4. FEI Number  Applied For  ✓ Not Applicable  5. Certificate of Status Desired  \$5.00 Additional Fee Required			olicable
DO NO	OT WRITE	39 x 5 8x 1	7. Name and Addre	<del></del>	ered Agent	
	IO OFACE	85	19 1054	AVE N.W.		
			784104		FL Zip Code	1
8. The above named entity submits this:	statement for the purpose of changing its re	egistered office or registere	d agent, or both, i n	the State of Florida.  4/8/0-2		
Signature, typed or printed name of	Make Check Pa	FEE IS \$50.00 Yable to Department o DUE BY MAY 1	of State	7, 0	ATE	
	GING MEMBERS/MANAGERS			13. 373.77E	2004/11/15/2	- 15 A
TITLE MEMBER NAME CURTIS R. SHI STREET ADDRESS 8519 10TH AVE	N.W.	TITLE NAME STREET ADDRESS				CHZE083B (12/01
CITY-ST-ZIP BRADENTON,	FL 34209	CITY-ST-20P				EOS
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS. CITY ST ZIP				3
TITLE NAME STREET ADDRESS	معندين بدار معهود بالمتحصيف	TITLE NAME			Million and the second	
CITY-ST-ZIP		Criv-SI-ZiP		NOT WI	<del>, , , , , , , , , , , , , , , , , , , </del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZP	IN	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS				
indicated on this report is true and a	supplied with this filing does not qualify for to ccurate and that my signature shall have the ver or trustee empowered to execute this re	e same legal effect as if ma	de under oath; that	I am a managing me	r certify that the information of the certify that the information of the certification of th	
SIGNATURE:	to Change cu Printed name of signing managing member, m	RT 15 R. SHARP		Date 9	11-794-3378 Daytime Phone #	