2001 UNIFURM BUSINESS REPURT (UBR)						FILED S			
DOCUMENT # L00000013172					01 APR -4 AM 7:56				
CYR BUILDING, L.		į						· · · · · ·	₽
		1				S TA	ECRETARY (LLAHASSEE)F STATE , FLORIDA	
Principal Place of Busines	s	Mailing Addres	. 						
625 MAIN STREET. SUITE 20 625 MAIN STREET. SUITE 20 WINDERMERE FL 34786 WINDERMERE FL 34786							•		
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2. Principal Place of Business 3. N		3. Mailing Addre	Mailing Address			r contratt nit notti okilt i		ED (210) (1821 18619 1481 481	J I
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	:	City & State			4. FEII	Number 59-36	89/09	Applied For Not Applica	
Zip	Country	Zip	Col	untry	i	ificate of Status Des	ired	5.00 Additional see Required	-
6. Name	gistered Agent	Agent			7. Name and Address of New Registered Agent				
		1		Name					
LARSON, TIMOTHY J 625 MAIN STREET, SUITE 20			Street A		ddress (P.O. Box N	ss (P.O. Box Number is Not Acceptable)			7
WINDERMERE FL 34		1							
WINDERWICKE 1 E OT	,,00	}		City			FL	Zip Code	\dashv
O The share and a six				<u> </u>					
6. The above named entity	y submits this statement for t	ie purpose of cha	inging its registe	erea onice or	registered agent,	or both, in the State	of Fiorida.		
SIGNATURE	or printed name of registered agent and	title if popilizable	(NOTE: Posieto	ared Agent eignet	re required when reinstat	ing)	DATE		}
Signature, typed	or printed name or registered agent and	пле и аррисаріе.	(NOTE: Registe	ered Agent signatu	ne required when reinstat	ing)	† DATE		_
_	1		FILE NOW!!!	-				`	-
·		Make C	neck Payable	to Departi	ment of State				
9.	MANAGING MEMBER	S/MEMBERS	10).			ONS/CHANGES		
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STREET ADDRESS			ST	REET ADDRESS		-IJ	4/12/010	1120009	

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.

TITLE

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

Delete

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1-25-01

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☐ Change

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