	_					
Sent	By:	ALANS	ACCTG	&	TAX	SVC:

	ALANS ACCTG &	1	•	Sep-16-05 1:49PM;	Page 3/4
20	05 LIMITE	D LIABILITY COMPA	NY	OLAISION UE	OF STATE
	MENT # L000			05 SEP 23	AM 9: 06
1. Entity Name				^{RM} 9: 06	
Principal Place		Mailing Address 11151 NW 36 CT.		, <u>100</u> 059	903601 3018 **55.00
CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065		1	09/23/050105	3U18 **55.UU	
			09162005No Chg-LLC CR2E083 (10/08)		
				4. FEI Number 65-106438B	Applied For Not Applicable
		A Miles of the control of the contro		Certificate of Status Desired	\$5.00 Additional
	6. Name and Addres	of Current Registered Agent			
	H, ROBERT E BROWARD BLVD.,	STE 400			
FORT LAU	IDERDALE, FL 333	01 			
	named entity submits this tions of registered agent.	statement for the purpose of changing its registe	red office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE_	Signatura, typod or printed nerve o	angletered agent and title if applicable. (NOTE: Register	ed Agent riightabus required	white reinstaling)	DAIE
Filing Fee is \$50.00 Due by October 1, 2005			ISTATEMEN"	2005	
9. mu	MANAC MGRM	ING MEMBERS/MANAGERS			
HAME STREET ACCRESS	AKKAN, IZZET T				
CITY-ST ZIP	CORAL SPRINGS, F	33065			
TITLE NAME					
STREET ADDRESS					
TITLE NAME					
STREET ADDRESS CITY-ST-ZP	:				
TITLE	·				
STREET ADDRESS CITY-ST-ZIP					
TITLE					
STREET ADDRESS					
	<u> </u>				

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3(i), Florida Statutes. I further certify that the information indicated on this regards to the analysis and that my signature shall have the same legal offect as it made under each; that I am a managing member or manager of the limited fiscility company or the receiver or firustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

KALE STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Onte

Opytime Phone #