2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

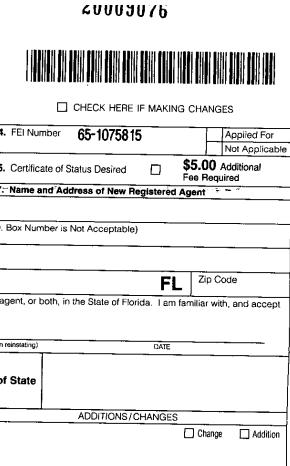
DOCUMENT # L0000015540

1. Entity Name

TO DA MAY LLC



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90226 026 ****50.00



10 DA II	MAA, LLG		[]					
Principal Place of Business 45 SANDY COVE ROAD SARASOTA FL 34242		Mailing Address 45 SANDY COVE ROAD SARASOTA FL 34242			400000A			
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	to.					☐ CHECK HERE IF	MAKING CHANGE	:S
City & State		City & State			4. FEI Number 65-1075815 Applied For			
Zip	Country	Zip	Country	, -	E Cautiliant		\$5.00 ·	Not Applicable
	6. Name and Address of Current R	Pristered Agent				of Status Desired	Fee Requi	red
	NG, KEYE	ogistored Agent	-	Name	7. Name and	Address of New Reg	istered Agent	
	SANDY COVE ROAD	Street A		Street Address (F	O Boy Number	r is Not Acceptable)		
	RASOTA FL 34242		-	otroct Address (i	.O. Box Mulliber	is Not Acceptable)	<u> </u>	
<u></u>			1	City			FL Zip Co	
8. The above	e named entity submits this statement for titions of registered agent.	he purpose of changing its r	registered (office or registere	d agent, or both	, in the State of Florid	a. I am familiar with	, and accept
_	iiono oi regiotorea agent.							,
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	: Registered Ag	ent signature required w	when reinstating)		DATE	
	· · · · · · · · · · · · · · · · · · ·			E IS \$50.00				· · ·
		Make Check Payable	e to Florid	da Departmen	t of State			
		Due	By May	1, 2003				
9. TITLE	MANAGING MEMBERS		10.			ADDITIONS/CH	ANGES	
NAME	MAUI MAGIC, INC.	☐ Delete	TITLE Name				☐ Change	☐ Addition
STREET ADDRESS	2775 OLD HIGHWAY 40 BOX 1450)	STREET AL	DORESS				
CITY-ST-ZIP	VERDI NV 89439		CITY-ST-	ZIP				
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS			NAME Street ac	nnacee				·
CITY-ST-ZIP			CITY-ST-2					
TITLE	-	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME				, —	
CITY-ST-ZIP			STREET AD					
TITLE		☐ Delete	TITLE	-				
NAME			NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET AD					
TITLE			CITY-ST-Z	iiP				
NAME .		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS			STREET ADO	DRESS				
CITY-ST-ZIP			CITY-ST-ZI	IP]
TITLE		☐ Delete	TITLE				☐ Change	Addition
TREET ADDRESS			NAME	!				
CITY-ST-ZIP			STREET ADD	l l				ĺ
1. I hereby ce	ertify that the information supplied with this	filing does not qualify for th		I				

Thereby 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: SIGNATURE AND TYPED