2001	UNIFORM	BUSINESS	REPORT	(UBR),

2001	I UNIFORM BUSINI	55 KEPU	Kr (UB	orly -	A STATE OF THE STA	\$ 1			
DOCUMENT # L00000015760 1. Entity Name					FILED				
ADVANCED SETTLEMENTS, LLC					01 FEB 28 AM 10: 31				
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 3. Mailing Address 5/04 N ORANGE BLOSSOM TR									
Suite, Apt. #, etc. Suite, Apt. #, etc. 5 v 17 E 2 10 City & State City & State City & State					DO NOT WRITE IN THIS SPACE				
ORLANDO, FL				4. FEI 5	4. FEI Number Applied For 52 - 22 8 3 1 8 0 Not Applicable				
32.810	ORANGE	Zip	Country		tificate of Status Desired	\$5.00 Ad Fee Require	ditional ed		
** <u>**</u> **	6. Name and Address of Current Regis	tered Agent		7. Nar	ne and Address of New Rogister	ed Agent			
			Name	Scott 1	KIRBY				
				Street Address (P.O. Box Number is Not Acceptable)					
•				7618 COCONUT CREEK CT City ORIANDO FL Zip Code 2 Z					
8. The above	named entity submits this statement for the p	urpose of changing its re	egistered office	or registered agent					
SIGNATURE .	Signature, typed or printed name of registered agent and title it	C			2-26-01	 _	}		
	Signature, typed or printed name or registered agentand time i	applicable. (NOTE:	Hegistered Agent sign	ature required when reinsta	ing) DA	<u>.</u>			
		FILE.NO			<u> </u>	·			
		Make Check Pay	able to Depai	rtment of State	7		Í		
9.	MANAGING MEMBERS/A	 MEMBERS	10.		ADDITIONS/CHANG	GES			
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NAME	The first control of the control of	**************************************	NAME	SLOTT	KIRBY OCONVT CREE		[2		
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CITY-ST-ZIP			CITY-ST-ZIP	APOPKA	MCNEALY INOWARD DR FL 32703				
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	ertify that the information cumplied with this file	ing does not qualify fe- t	J	ated in Section 110	07/31/i) Florida Statutas I further	cortify that the	nformation		
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.									
	1/1	\sim			a				
SIGNATURE: 2-26-01 800-561-4148 signature and typed or printed name of signing manager, or authorized representative Date Dayling Phone #									