2003 LIMITED LIABILITY COMPANY

ADVANCED SETTLEMENTS, LLC



UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0000015760 1. Entity Name

FILED Jan 15, 2003 8:00 am Secretary of State
01-15-2003 90047 036 ****50.00

Principal Place of B	usiness	Mailing Address			† ·				
5104 N. ORANGE BLOSSOM TRAIL. SUITE 210 ORLANDO FL 32810		5104 N. ORANGE BLOSSOM TRAIL. SUITE 210 ORLANDO FL 32810					- •		
2. Principal Place of AIDI Park Suite, Apt. #, etc. State ORLANDO Zir Jak 35 6. KIRBY, SC	Center Drive 220 7, FL Country USA Name and Address of Current I	3. Mailing Address 2101 Park Center De. Suite, Apt. #, etc. Sfe. 220 City & State ORIANDO FL Zip Country 32835 USA gistered Agent Name Kir			CHECK HERE IF MAKING CHANGES 4. FEI Number 52-2283180 Applied For Not Applicable 5. Certificate of Status Desired S5:00 Additional Fee Required 7. Name and Address of New Registered Agent By , Scott				
						nter DE.	Ster	7 n Co	<u>ر</u>
8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00									
Make Check Payable to Florida Department of State Due By May 1, 2003									
9.	MANAGING MEMBER		10.			ADDITIONS/	CHANCES		
STREET ADDRESS 7618 CITY-ST-ZIP ORLA	r, scott Coconut Creek Ct. NDO FL 32822	☐ Delete	TITLE NAME STREET ADDRE CHY-ST-ZIP	🛭 🕹ઽ વર્ડ	,500 8 81. I		×	Change	Addition
STREET ADDRESS 1242	M Faly, Sean Windward Dr. Ka Fl 32703	☐ Delete	TITLE NAME STREET ADDRE	MGR	H alv 50			Change	Addition
NAME GANCESTREET ADDRESS 909 R		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	HGR	H ovsky.1		(3)	Change	Addition
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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.

SIGNATURE:

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

1-10-03 407-296-7373