LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

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

FILED Jul 11, 2002 8:00 am Secretary of State

1. Entity Name	:NI# [0 000	0016040		07-11-2002 9024/ 02/ *****50.00					
	U TXS Enterp	orises, LLC		(P)					
, DC	NOT WRITE		970073						
2. Principal Place of Business 050 D Calle Del Otono 3. Mailing Address 650 D Calle Suite, Apt. #, etc. Suite, Apt. #, etc.			del Oto	no l	DO NOT WRITE IN THIS SPACE				
City & State	asota, Rorida	Sarasole	Horio		El Number	3166	Applied For Not Applicable		
Zip 2424	2 Country	Zip 2424-2	Country		ertificate of Status Des	_{ired} □ \$5.	00 Additional Required		
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8 The above name	ed entity submits this statement for t	the purpose of changing its		Sara.	SOFA		34237		
o. The above hame	is entity submits this statement for t	the purpose of changing its	registered office t	registered age	ini, or both, in the state	or riorida.			
SIGNATURE	re, typed or printed name of registered agent and	d title if applicable.				DATE			
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		Make Check Pa	yable to Depart UE BY MAY 1		•				
9.	MANAGING MEMBER		T T		<u>, I,</u>	₹ / ₹ • :			
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mulcated on this	that the information supplied with the report is true and accurate and the ompany or the receiver or presee e	al my signafilice snall nave ti	ne same legal effe	ict as it made ur	dar nath-that flam a m	ites. I further certify that lanaging member or n	at the information nanager of the		

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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IN TXS En	terprises, L		H179		yyen		
DO NOT WRITE	E IN THIS SP	ÄCE		110	10	1013	
2. Principal Place of Business 650 Calle de Olor Suite, Apr. #. etc.	del Oto	ካ0 .	. DO NOT WRITE IN THIS SPACE				
City & State Sarasota, FLond	a Sa ra Sota	Horida	4. FEI Num	-110316	6	Applied For Not Applicable	
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		Name	7. Name and	Address of Current R	legistered A	gent	
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			arasota		FL	^{Zin} 34237	
8. The above named entity submits this statement f	for the purpose of changing its r	egistered office or	registered agent, or t	ooth, in the State of Flori	ida.		
SIGNATURE	AINE	David and American	ire respired when reinstating)		DATE		
Signature, typed or printed name of registered ager	langary 1 . Ma	negistered Agant Signati ny 1 Fee (s. \$150			OATE.		
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After May 1	l, Fee is \$550.00 UBR is \$61.25	10. l	Election Campaign Fina rust Fund Contribution		\$5.00 May Be Added to Fees	
11. OFFICERS ANI	DIRECTORS	Time of					3
THE Principal NAME IAN Arthur N	Jaismith	NAME					CR2E034B (12/01)
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CITY-ST-BP		Criv-st-zip		NO Florida Service	further nexts	that the information	
I hereby certify that the information supplied we indicated on this report or supplemental report of the corporation or the receiver or trustee en	ith this filing does not qualify for its true and accurate and that me the control is execute this report	the exemption sta ry signature shall h r as required by C	tea in Section 119.07(lave the same legal ef hapter 607. Florida St	ajųj, Hioriga Stalutės. L Tect as if madė under o Itutės; and that my nar	ath; that Larn ne appears ir	an officer or director Block 11 or on an	
attachment with an address, with all other like		Concording of	prac Sarry , springer Sitt	teres, and planty, man			
SIGNATURE:				4-28-6	2 (9	41)312-9588	
SIGNATURE AND TYPED A	REMINTED NAME OF SIGNING OFFICER (OR DIRECTOR		Date .	Dayta	tives suitedite in	