## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L0000016096

1. Entity Name

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**FILED** Jul 14, 2003 8:00 am Secretary of State 07-14-2003 90321 022 \*\*\*\*55.00

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Principal Plac	e of Busines	s		Mailing Address										
4 Marina Isles BLVD #302 Indian Harbour Beach FL 32937			4 MARINA ISLES BLVD. #302 INDIAN HARBOUR BEACH FL 32937			1	<b></b>			:		- <b>6.</b> 1 <b>6</b> 111	. Alii 1881	
2. Principal Place of Business			3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State				City & State				4. FEI Num	ber <b>59</b> -	369403	5		Apr	lied For
<del></del>					Name						<u> </u>		Applicable	
Zìp 		Country	-	Zip 	I	Country 		<b>5.</b> Certifica	ite of Status	Desired_	- 2	<b>\$5.00</b> Fee Req		
6. Name and Address of Current Registered Agent						·Name		7. Name a	nd A <u>dd</u> res	of New 1	Registered	d Agent		
THOMAS, ALAN					<u>_</u>									
4 Marina Isles Blvd., #302 Indian Harbour Beach Fl 32937				Street Ad	ddress (F	P.O. Box Num 	ber is Not	Acceptabl	e) ————					
		•	•			City					F	Zip C	Code	
9 The above	named entit	y cultimite this et	atement for th	ne purpose of cha	anging ite regi		ragistere	ad agent or h	oth in the	State of El			ith a	nd accept
	ions of regist		atement for the	ie purpose di crie	anging ito regi	stered diffice of	registere	agent, or i	JO(11, 11) (116	olate of 11	onda, ra	ir iairinar w	m, a	ila accept
SIGNATURE .	Signature, typed	or printed name of reg	gistered agent and	title if applicable.	(NOTE: Reg	istered Agent signatu	re required	when reinstating)			DATE	<del></del>		
			<i>i</i> ,		FILE NOW!	!! FEE IS \$	50.00							
			70. 200.	i .	-	Florida Dep ptember 24, 2		t of State						
9.		MANAGIN	IG MEMBERS	/MANAGERS		10.			AI	DOITIONS	/CHANGE	S		
TITLE	MGR			□ De	elete	TITLE			<u> </u>	<u> </u>	·	☐ Chan	ge	Addition
NAME	THOMAS,					NAME								
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NAME						NAME								
STREET ADDRESS						STREET ADDRESS								
CITY-ST-ZIP	ertify that the	e information eur	oplied with thi	s filing does not o	qualify for the	exemption state	ad in Sec	tion 119 07/	3)(i). Florida	Statutos	I further o	ertify that #	ne inf	ormation
THE PROPERTY C	AND DESCRIPTIONS OF THE PARTY O		CONCOUNTY HILLIAM	~	CONTRACTOR OF STATE	CACHINIDII GIGII			2516 1 1011 <b>46</b>		Turning C	CILITY SHOULD	100 1111	O TEATION

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

Date

Daytime Phone #