2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

DOCUMENT # L0100000372

1. Entity Name

NAME STREET ADDRESS

CITY-ST-ZIP

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Principal Plac	ce of Business	Mailing Address								
50 North Co Uite 201 Iarco Island		950 NORTH COLLIER BLVD. SUITE 201 MARCO ISLAND FL 34145		II 411 481 71 (1817 887) 88117 8	Sen adii) 86)ii	8818 8 1(1() 1 8	(2)			
2. Principal f	Place of Business	3. Mailing Address								
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
City & Stat	te	City & State		4. FEI Numi	4. FEI Number 52-2287699			oplied For ot Applicable		
Zip	Country	Zip	Country	5. Certificat	e of Status Desired		5.00 Add	ditional		
	6. Name and Address of Current i	Registered Agent		7. Name an	d Address of New Re	gistered Ag	ent			
I/DA	NED EDEDEDICK	-	Name			<u>-</u>				
950 SUN	MER, FREDERICK ; NORTH COLLIER BLVD. TE 201		Street Addre	ss (P.O. Box Numb	per is Not Acceptable)					
MAH	RÇO ISLAND FL 34145		City			FL	Zip Cod	ie		
Tho above	e named entity submits this statement for	the purpose of changing its	registered office of regis	stored agent, or by	oth in the State of Flori		miliar with	and accept		
	tions of registered agent.	the purpose of changing its	registered onice or regis	stered agent, or or	out, in the state of Fish	ua. Tamiai	THIRE THEFT,	and accept		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	: Registered Agent signature req	ulred whoo reinstatied)		DATE				
CA TO										
1915년 - 1일본(1	H	Make Check Payable	OW!!! FEE IS \$50.0	1						
•	्रिकी क	1	September 24, 200							
	MANAGING MEMBER		10.		ADDITIONS/C	HANGES				
IITLE	MGR	Delete	TITLE	 -	ADDITIONS) C		Change	☐ Addition		
NAME	CRICKS, CHARLES T	□ Deléfe	NAME							
STREET ADDRESS	760 COPELAND DRIVE		STREET ADDRESS							
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP							
TITLE	MGR	☐ Delete	TITLE				Change	Addition		
NAME	JAZWINSKI, ROBERT C		NAME							
STREET ADDRESS	1479 N. HERMITAGE ROAD		STREET ADDRESS							
CITY-ST-ZIP	HERMITAGE PA 16148		CITY-ST-ZIP							
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NAME			NAME							
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vame Street address			STREET ADDRESS			•				
CITY-ST-ZIP			CITY-ST-ZIP							
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TITLE	 	Delete	TITLE			Г	Change	Addition		
	1					L				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

B/20/03 724-962-3200

FILED

08-25-2003 90040 011 ****50.00

Aug 25, 2003 8:00 am ³ Secretary of State