LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** FILED **DOCUMENT #** LO1000000672 1. Entity Name Nemeris Hora MANAGEMENT, CLE SECRETARY DESTREE DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 1401 ATLANTIC 1401 ATLA ric BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. EE! Number Applied For *59-3703*770 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required -7:- Name and Address of Current Registered Agent DO NOT WRITE OZKUL Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code **3 22 لو لو** & GA CH 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS TITLE MORTH AUC. OZKUI NAME NAME STREET ADDRESS STREET ADDRESS NEPTUNG BEACH FR CITY-ST-ZIP CITY-ST-ZIP TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE .mre NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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

9.

NAME STREET ADDRESS

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Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA FREDERICK J. REESE

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

November 14, 2002

Mr. Buck Kohr Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Nemesis Hotel Management, LLC – 2002 Uniform Business Report Doc. #: P01000000672

Dear Mr. Kohr:

The above referenced Taxpayer never received any preprinted Uniform Business Report for the above referenced period. As soon as the client brought this to our attention we completed the attached form and are mailing with the filing fee. We request your assistance in abating the Late Filing Penalties concerning the 2002 Report. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

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Sincerely,

Jamés K. Reese, EA

Enclosures:

Check for \$50.00

2002 Uniform Business Report

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