

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

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90454 041 \*\*\*\*50.00

DOCUMENT # L01000001032

1. Entity Name

AUS MANUFACTURING CO., L.L.C.

**DO NOT WRITE IN THIS SPACE**

969109

2. Principal Place of Business  
704 Highway 90 West

Suite, Apt. #, etc.

3. Mailing Address  
Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
City of Bonifay

City & State

4. FEI Number  
94-3382569

Applied For  
Not Applicable

Zip  
32425

Country  
U.S.A

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

James L. Rich

Street Address (P.O. Box Number is Not Acceptable)

412 E. Iowa Ave.

City

City of Bonifay

FL

Zip Code  
32425

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM

Dr. M.N. Mansour  
9371 Irvine Blvd,  
Irvine, CA 92618

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGR

James L. Rich  
704 Highway 90 West  
City of Bonifay, FL 32425

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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.

SIGNATURE:

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

Date

Daytime Phone

CR2E083B (12/01)