

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91481 031 ****50.00

DOCUMENT #
1. Entity Name
201000001074 ✓
GODIN ENTERPRISES, LLC

DO NOT WRITE IN THIS SPACE

949219

2. Principal Place of Business
11900 ROYAL PALM BLVD.
Suite, Apt. #, etc.

3. Mailing Address
SOME
Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL

City & State

Zip
33065 Country

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1073355

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GREGORY P. GODIN

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

11900 ROYAL PALM BLVD

City
CORAL SPRINGS **FL** Zip Code
33065

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 *X [Signature]* DATE *X 4/14/02*

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

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	<i>MP GREGORY P. GODIN 11900 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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]* DATE: *4/14/02* DAYTIME PHONE #: *(954) 970-5333*

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

CR2E083B (12/01)