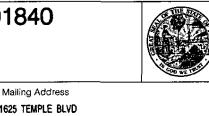
## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000001840

1. Entity Name

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Principal Place of Business



**FILED** Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90014 027 \*\*\*\*50.00

4801 DYER BLVD WEST PALM BEACH FL 33407				1625 TEMPLE BLVD LOXAHATCHEE FL 33470				: ; ! !!!!!	1811 811 88181 11811 88111 88	EU <b>86</b> 00 <b>88</b> 00 <b>88</b> 0	<b>1</b> 1 11 <b>5 1</b> 1 1 <b>5</b> 111 <b>1</b>	Bir 86ii 486i	
2. Principal Place of Business			3	3. Mailing Address									
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			1	City & State				4. FEI Nun	nber <b>65-1089</b> 1	33	<u> </u>	pplied For ot Applicable	
Zip		Country	Zip			5. Certifica			te of Status Desired				
	6. Name	and Address of Curre	nt Reg	Registered Agent				7. Name and Address of New Registered Agent					
WALKER, JIMMY 16525 TEMPLE BLVD. LOXAHATCHEE FL 33470				الميس محمد مانات المحمد المستود المستود المستود المستود المحمد المحمد المستود المحمد المستود المستود المستود الم	s, n <del>arang</del>	Name "Street Addr	rēss (P	O. Box Num	ber is Not Acceptabl	e)	ang Talangah ji		
						City		1		FL	Zip Cod	e	
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. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003													
9.		MANAGING MEMI	BERS/	MANAGERS	10.			1	ADDITIONS	/CHANGES			
TITLE	Р			☐ Delete	TITLE			1			☐ Change	Addition	
NAME	WALKER,	JIMMY			NAM	E		i			-		
STREET ADDRESS	1625 TEM	iple blvd			STRE	ET ADDRESS		· •					
CITY-ST-ZIP	LOXAHAT	CHEE FL 33470			CITY	-ST-ZIP							
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NAME	Walker,				NAM	E		,				-	
STREET ADDRESS		eeler RD			STRE	ET ADDRESS		!					
CITY-ST-ZIP	LORIDA F	L 33857			CITY	-ST-ZIP							
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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:

Daytime Phone #