FILED Sep 22, 2002 8:00 am Secretary of State 09-22-2002 90067 029 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCU	JMENT # L O/O	1000028	87				
JADO	DV/Levy Investments,	LLC					
DO NOT WRITE IN THIS SPACE					98112) ត្	
2. Principal I	Place of Business	3. Mailing Address				, Z	
2325 Magnolia Drive Suite, Apt. #, etc.			2325 Magnolia Crive Suite, Apt. #, etc.		DO NOT WRITE IN THIS S	SPACE	
City & State Panama City, Florida		City & State Panama City, Florida			4 FEI Number		
Zip Country Bay		Zip 32408	Country		59-3715015 5. Certificate of Status Desired	Not Applicable \$5.00 Additional	
	Day			7. Name and Address of Current Registered Agent			
DO NOT WRITE				Danie	Daniel C. Perri dress (P.O. Box Number is Not Acceptable)		
	IN THIS S	PACE	F		h Avenue, Suite One		
				Shalima		Zip Code 32579	
	e named entitly submills this statemen	t for the purpose of changi	ing its registered office	or registere	ed agent, or both, in the State of Florida.	12.00	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.			9//9/ DATE/	12002	
		Make Chec	FEE IS \$50.00 k Payable to Depar	tment of	State		
9.	MANAGING MEM	BERS/MANAGERS	DUE BY MAY 1				
TITLE NÁME	MGR Martinelli, David E.		TITLE NAME			2/01)	
STREET ADDRESS CITY-ST-ZIP	2325 Magnolia Drive Panama City Fl 32408		STREET ALBURESS CITY-ST-ZIP			83B (1	
title Name			BRE NAME			CRZE083B (12/01)	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City Street				
TITLE NAME			TILE WAR				
STREET ADDRESS CITY-ST-ZIP		. •. · . · . · . · . · . · . · . · . · .	STREET ABORESS CITY ST-UP		DO NOT WRIT	E	
NAME			iile Name		IN THIS SPAC	E	
STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS City 151 - 20				
TITLE .			DTE Name				
STREET ADDRESS CITY-ST-ZIP			STREET AUDIRESS. CITY (ST) RP				
TITLE NAME			TITLE N ami				
STREET ADDRESS CITY-ST-ZIP		`	STREET ADDRESS CHY:ST: ZP				
 I hereby ce indicated of limited liab 	ertify that the information supplied wi on this report is true and accurate an illity company or the receiver a trast	th this filing does not quali d that my signature shall h ge empowered to execute	fy for the exemption state ave the same legal effet this report as required a	ted in Sect	ion 119.07(3)(i), Florida Statutes. I further certify de under oath; that I am a managing member of 608. Florida Statutes	r that the information or manager of the	
SIGNATI	A X IV U	Merelle	UM. HAD	Y .	9/20/100	50-236	
JIMIMI) (OF SIGNING MANAGING MEMBER	, MANAGER, OR AUTHORIZED	REPRESENT	ATIVE Date Days	Me Phone #	