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

FILED May 20, 2002 8:00 am Secretary of State

DOCUM 1. Entity Name	05-20-2002 90278 001 ***165.00									
D. Principal Place	O NOT WRITE	IN THIS SI	PACI	Ξ						
3357 RAMBLEWOOD CT Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State SARASOT	'A, FL	City & State			4. EEI Number 7	11 00		_	Applied For	
Zip 34237	Country	Zip	Country	,	5. Certificate of Stat	' 	- \$	5.00 ee Regi	Not Applicable Additional	e
			F	Name	7. Name and Addres	s of Current				1
	DO NOT WE IN THIS SPA		F	DIMITRIO	S_TSIOGAS 2.O. Box Number is No MBLEWOOD CO	t Acceptable URT	e)			
				SARASOTA			FL	Zip 3 C	12 37	7
SIGNATURE	ned entity submits this statement for t	title if applicable.	EE IS \$	50,00	-	e State of Flo	DATE			
9.	MANAGING MEMBERS	D	UE BY N							
NAME STREET ADDRESS 1 CHY-ST-ZIP O TITLE NAME STREET ADDRESS CHY-ST-ZIP O TITLE MM NAME D STREET ADDRESS AM NAME D STREET ADDRESS STREET ADDRESS 3	GRM TEVE KRANIAS 5605 EASTBOURNE DR DESSA, FL 35556 GRM INA KRANIAS 5605 EASTBOURNE DR DESSA, FL 35556 GRM IMITRIOS TSIOGAS 357 RAMBLEWOOD COU ARASOTA, FL 34237	IVE	TITLE FRAME STREET / CITY ST TITLE MAME STREET / TITLE MAME STREET / TITLE MAME STREET A CITY ST TITLE MAME STREET A	CORESS 7P CORESS 7P CORESS 7P CORESS 7P CORESS 7P CORESS 7P CORESS	DO N IN TI		WRIT			CR2E083B (12/01)
11. I hereby certify indicated on the	that the information supplied with this reports true and accurate and that company or the receiver or trustee er	is filing does not qualify for t at my signature shall have the apowered to execute this re	cry-st he exempt le same lec port as rec	ion stated in Secti	ion 119.07(3)(i), Florid de under oath; that I a 608, Florida Statutes.	іт а тападі	further certify ng member o 941 955-	r mana	ger of the	

5-01-2001

Dayline Phone #