

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 16 PM 2:57

DOCUMENT #
1. Entity Name INVESTSYSTEM LC
AMERICAN INCORPORATERS LTD.
1220 NORTH MARKET STREET, SUITE 606, WILMINGTON, DE 19801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
TALLAHASSEE,
Suite, Apt. #, etc.
FL 32303
City & State

3. Mailing Address
1333 N. DUVAL ST.,
TALLAHASSEE,
Suite, Apt. #, etc.
FL 32303
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
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 FLORIDA FILING & SEARCH SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable) 1333 N. DUVAL ST.,
City TALLAHASSEE FL 32303
Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and date 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	MGRM STAR GROUP FINANCE & HOLDINGS, INC. STE 302, E BLDG NO34/20, CUBA AVE & 34TH ST. PANAMA CITY 5, PANAMA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700006459227-- -07/17/02--01004--001 *****50.00 *****50.00
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CR2E083B (12/01)

Handwritten initials and date: JB 7-16-02

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 _____ STAN GORIN 04.11.2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

