DOCUMENT # L019000042/2 Chim Name RLOMI PROPERTIES, LLC  Verial Atoms RLOMI PROPERTIES, LLC  Verial Atoms RLOMI PROPERTIES, LLC  Verial Atoms SoD EAST BROWARD BLVD. SUTE 1950 Sole, Apl. #, etc. Sole, Ap		005 LIMITED LIA ANNUA	ABILITY COM L REPORT	IPANY	FILED Apr 21, 2005 8:00 a Secretary of State	
Sop EAST BROWARD BLVD.	. Entity Narr	e	4272		04-21-2005 90026 047 ****50.00	
Suife, Apt. #, etc.     Suife, Apt. #, etc.     03282005     Chg-LLC     CR2E083 (10/03)       City & Sate     City & State     4. FEL Number 65-1114138     Applied 65-1114138     Applied 65-1114138       Zip     Country     Zip     Country     S. Certificate of Status Desired     \$5.00 Actional res Required       0. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       NOYLE, CONRAD J     ODE AST BROWARD BLVD. UITE 1950     Name     Street Address (P.O. Box Number is Not Acceptable)       T. LAUDERDALE, FL 33394     Street Address (P.O. Box Number is Not Acceptable)     City     FL       City     FL     Zip Code     Name     Name       IGNATURE     Street Address (P.O. Box Number is Not Acceptable)     City     FL       Street Address (P.O. Box Number is Not Acceptable)     City     FL     Zip Code       IGNATURE     Street Address (P.O. Box Number is Not Acceptable)     City     FL     Zip Code       IGNATURE     Street Address (P.O. Box Number is Not Acceptable)     City     FL     Zip Code       IGNATURE     Street Address (P.O. Box Number is Not Acceptable)     City     FL     Zip Code       IGNATURE     Street Address (P.O. Box Number is Not Acceptable)     City     FL       Street Address (P.O. Box Number is N	00 EAST BI UITE 1950	ROWARD BLVD.	500 EAST BROWARD B SUITE 1950		. I ARANTAN AN ANAN INAN ARAM ARAM ARAM ANAN ARAM ARAM INAN INAN INAN INAN INAN INANA MININA.	
City & State     City & State     4. FEI Number     Applied       Zip     Country     Zip     Country     Zip     Country     S. Certificate of Status Desired     \$5.00 Additional Fee Required       . Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent     Status Desired     \$5.00 Additional Fee Required       IOVEL     CONRAD J     00 EAST BROWARD BLVD.     Name     Street Address of New Registered Agent     T. Name and Address of New Registered Agent       IOVEL     CONRAD J     Street Address of New Registered Agent     T. Name and Address of New Registered Agent     City     FL     Zip Code       UITE 1950     T. LAUDERDALE, FL 33394     Street Address (P.O. Box Number is Not Acceptable)     The Address of Points. Tam familiar with, and a the the folgebard     City     FL     Zip Code       IGNATURE     Street Address of Status     Street Address (P.O. Box Number is Not Acceptable)     Date     The Address of Points. Tam familiar with, and a the the folgebard       IGNATURE     Street Address of Registered Agent     Make check payable to Change agent, or both, in the State of Florids. Tam familiar with, and a the the folgebard     Point Agent agent, or both, in the State of Florids. Tam familiar with, and a the the folgebard       IGNATURE     Street Address (P.O. Box Number is Not Acceptable to Change agent, or both, in the State of Florids. Tam familiar with, and a the the folgebard </td <td colspan="2">2. Principal Place of Business</td> <td>3. Mailing Address</td> <td></td> <td></td>	2. Principal Place of Business		3. Mailing Address			
Zip     Country     Zip     Country     Signature     Stord Additional Peer Required       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       NOYLE, CONRAD J     OD EAST BROWARD BLVD.     Name     Name       OVELS, CONRAD, F. L. 33394     Street Address (P.O. Box Number is Not Acceptable)       UITE 1950     T. LAUDERDALE, F. L. 33394       City     FL     Zip Code       The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ronda. 1 am familiar with, and a the defisions of registered agent.       IGNATURE     Street Address 50.00       Filling Face is \$50.00     Make check payable to Florida Department of State.       MANAGING MEMBERS/MANAGERS     10.       Add the check payable to Florida Department of State.       MAR check Root So DEAST BROWARD BLVD. SUITE 1950     Tht Name       Make Check payable to PORT LAUDERDALE, FL 33304     Tht Name       Name     Deale     Tht Name       Name     Deale     Tht Name       Name     Deale     Tht Name       Name     Deale     Tht Name       Name     Change     Change       Name     Deale     Tht Name       Name     Deale     Tht Name       Name <td colspan="2">Suite, Apt. #, etc.</td> <td colspan="2">Suite, Apt. #, etc.</td> <td>03282005 Chg-LLC CR2E083 (10/03)</td>	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282005 Chg-LLC CR2E083 (10/03)	
	City & Stat	9	City & State			
Name OYLE_CONRAD J OYLE_CONRAD J OYLE_CONRAD J OYLE_CONRAD BLVD. UTE 1950 T. LAUDERDALE, FL 33394 City FL Zip Code City FL Zip City FL	Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required	
00 EAST BROWARD BLVD.       Street Address (P.O. Box Number is Not Acceptable)         UITE 1950       City       FL       Zip Code         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. Lam familiar with, and a the obligations of registered agent.       Image: State of Florida. Lam familiar with, and a the obligation of registered agent.         GNATURE         Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and a the obligations of registered agent.         GNATURE         GNATURE         Make check payable to Florida Department of State         Make check payable to Florida Department of State         MANAGERS         Intre         Make check payable to Florida Department of State         Obligation Agent and alse flogicable.         Intre         MANAGERS         The MONARD BLVD. SUITE 1950         The Florida Department of Change         Intre         NAKE <td colspa="&lt;/td"><td></td><td>6. Name and Address of Curre</td><td>nt Registered Agent</td><td>Name</td><td>7. Name and Address of New Registered Agent</td></td>	<td></td> <td>6. Name and Address of Curre</td> <td>nt Registered Agent</td> <td>Name</td> <td>7. Name and Address of New Registered Agent</td>		6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
City     FL     Zip Code       The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.     I am familiar with, and a       GNATURE     Signature, topod or prime neme of ingitared agent and the 1 equilable.     (NOTE: Registered Agent argument new newstatere)     DATE       Filing Fee is \$50.00     Make check payable to Florida Department of State.     NOTE: Registered Agent argument newstatere)     DATE       Make check payable to Florida Department of State.     III.L     Make check payable to Florida Department of State.       MGR     III.L     NAME     Change     ////////////////////////////////////	BOYLE, CONRAD J 500 EAST BROWARD BLVD. SUITE 1950			Street Addres	as (P.O. Box Number is Not Acceptable)	
Signature, typed or privited name of registered agent and tils if applicable.     (NOTE: Registered Agent aignature required when reinstating)     DATE       Filling Fee is \$50.00 Due by May 1, 2005     Make check payable to Florida Department of State.     Make check payable to Florida Department of State.       MGR     Delete     TTLE     ADDITIONS/CHANGES       Lé     MGR     Delete     TTLE       SHULLMAN, JOHN     Delete     TTLE     Change       V-ST-2P     FORT LAUDERDALE, FL 33394     CHY-ST-2P       Lé     Delete     TTLE     Change       NAME     Delete     TTLE       NAME     STRET ADDRESS     Change       Y-ST-2P     CHAnge     Change       Lé     Delete     TTLE       NAME     STRET ADDRESS     CHY-ST-2P       Lé     Delete     TTLE       NAME     STRET ADDRESS     CHAnge       Y-ST-2P     CHAnge     CHange       Lé     Delete     TTLE       NAME     STRET ADDRESS     CHAnge       Y-ST-2P     CHAnge     CHange       Lé     Delete     TTLE	The above	named entity submits this statement	t for the purpose of changing its		FL [ '	
Make check payable to Florida Department of State         MANAGING MEMBERS / MANAGERS       10.       ADDITIONS/CHANGES         LE       MGR       □ Delete       TITLE         MARE ADDRESS       00 EAST BROWNARD BLVD. SUITE 1950       STREET ADDRESS       Change       /         YN -ST-2P       FORT LAUDERDALE, FL 33394       CITY - ST-2P       Change       /         LE       Image: Change       MAKe       STREET ADDRESS       CITY - ST-2P       //         LE       Image: Change       Image: Change       //       //       //       //       //         V12       Image: Change       Image: Change       //       //       //       //       //       //       //         V14       Image: Change       Image: Change       //<	GNATURE	Signature typed or printed same of registered and				
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