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

FILED May 12, 2002 8:00 am Secretary of State

1. Entity Name				05-12-2002 90609 044 ****50.00	
	Tradewinds A	Ironaft Services, LL	۷)		
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	DO NOT WRIT	TE IN THIS SI	PACE		
Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			s Koad	DO NOT WRITE IN THIS SPACE	
City & State Coconut Creek Fr Coconut Cree		k FL	4. FEI Number 65-1107935	Applied For Not Applicable	
33 07 3	Country	33073-3630	Country	5 Certificate of Status Desired	5.00 Additional
	•			7. Name and Address of Current Registered A	
Name Mc_k				Kreise I	
DO NOT WRITE			Street Address (P.D. Box Number is Not Acceptable)		
IN THIS SPACE				Lyons hogo	
Blogg				(N)	
City Coconut				st Greek FL	Zin Code 330 73
8. The above	e named entity submits this statemen	nt for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.	
SIGNATURE Signature. Typed or printed name of registered agent and title if applicable.				4/30/02]
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E M. Oak	A .		ee is sou.ou /able to Department c	of State	
			UE BY MAY 1		
9.	MANAGING MEN	MBERS/MANAGERS			
TITLE NAME	Managing Member Mark Kreisel		TITLE		3
STREET ADDRESS			NAME STREET ADDRESS		
CITY - ST - ZIP	Cocont Creek F1330		CITY-SI-ZIP		000
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NAME STREET ADDRESS		NAME			
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CITY-ST-ZIP			CIPY-51-ZIP		
II Iborobyr	ertify that the information cupolind w	ith this filing doos not avalify for the		ction 119 07(3)(i) Florida Statutes Ligurdher certify the	

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 secure this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 11 PC 13 FILE 120 / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

954-421-2510 Daytime Phone /