2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

U	NIFOF	M BUSINE	ESS REPOR	IT (U	BR)	1				٥
1. Entity Nan	ne	# LO10000 JNICATIONS, LLC	07044				Secretary 05-07-2003 9004			
Principal Place of Business			Mailing Address		L			_		
5817 PEACH HEATHER TRAIL VALRICO FL 33594			5817 PEACH HEATHER TRAIL VALRICO FL 33594			1 18811	DIL BOLD HOLL MOLL MOLL DOLL DOLL	A	1011 0101 120 1	
2. Principal Place of Business 1229 N. Mc Wullew Booth Rd Suite, Apt. #, etc.			3. Mailing Address 1229 No. Mc Wilew Booth W Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State CLEARWATER, FL			City & State CLEARWAREN, FL			4. FEI Num	ber 02-0549145		pplied For ot Applicable]
Zip Country US A		Zip Count 33759 US					Fee Require	Additional tequired		
	6. Name	and Address of Current	Registered Agent		None	7. Name an	d Address of New Regist	ered Agent		4
581		eather trail			Name MOHSEN BEHNAM Street Address (P.O. Box Number is Not Acceptable)					
, , VAL	RICO FL 33	394			City	N. Mel RWATEM	Mullen Boot	Kd Zip Coo	 ان∼9	} .
	tions of regist			OTE: Registered	ed office or regist	ered agent, or b	oth, in the State of Florida.	I am familiar with,		1
A-			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department Due By May 1, 2003			ſ				
9. 🔻		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/CHA	NGES		1
NAME TO STREET ADDRESS		CH HEATHER TRAIL	Delete		ET ADDRESS			☐ Change	Addition	CR2E083 (10/02)
TITLE NAME	VALRICO FL 33594 MGRM Delete BEHNAM, MOHSEN			. TITLE	BE	RM	monsenal chuilen Booth	Change	☐ Addition	CRZE
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33634				ET ADDRESS 127 ST-ZIP CLE	ETRALLIMATE	1 FC 3375	9 <u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA RAFA 1237	N EL M. ZAME N. Mc Mulle WATER 1 FC	brano Delete u Booth Rd					Change	Addition	-
TITLE NAME	CLEAN	MATER 1 FC	□ Delete	TITLE				☐ Change	☐ Addition	
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SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Description of Description of Printed Name of Signing Managing Member, Manager, OR AUTHORIZED REPRESENTATIVE

Date

Date

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Date

Description of Printed Name of Signing Member of Signing

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.