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

DOCUMENT #

1. Entity Name

## FILED Jun 25, 2002 8:00 am Secretary of State 06-25-2002 90441 034 \*\*\*\*50.00

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	Place of Business	3. Mailing Address	R. N.			•		
1/555 Horan Bay Aug. 1/555 Heren Suite, Apt. #, etc. Suite, Apt. #, etc. 50 ile 310		7	DO NOT WRITE IN THIS SPACE		SPACE			
City & Sta	ite	<u> </u>		4. FE	Number		Applied F	For
Coral	Spring FL	Coral Spring	5-Pl-		51115	Z-70	Y- Not Appl	
3707	6 UIS-A	33076	Country U.S.A	<b>5.</b> Ce	rtificate of Status	Desired	\$5.00 Additional Fee Required	
			Martin T	7. Nam	e and Address o	f Current Registers	d Agent	
	DO NOT W	DITE -	Name	Corpor		cess, ;	ENC.	
	r for the coding for the letter of the first state of the contraction	Latter C. L. Collins of Para-ALIMA	Street Ad	idress (P.O. Bo	Number is Not A	cceptable)		
	IN THIS SP		2	36 9	east #	76th A	رو_	
			City +		rssee	FI	1	3
8. The above	named entity submits this statement for	the purpose of changing its	registered office or			tate of Florida.		$\overline{}$
SIGNATURE				-	•			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.				DATE		-
			FEE IS \$50.00		e. 4 * .			
		4 1	yable to Departr DUE BY MAY 1	nent of State				.
9.	MANAGING MEMBER		OE BI MAI I	<u> </u>	_^			
TITLE	Managing Direct		TITLE*	ar ger All planske frogs. Bibli All et 175 de ligend		gagastikijosi (st.) va Eritikilisi (typl. 1991)	raddomic i Japan i Mar v Maight i at tha ann ann a	
NAME	Andrew & Gila	٠	NAME	henh				
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TITLE	Coral Springs	FL 33076	CITY-ST-ZIP			JOHN CONTROL OF THE SECTION OF		
NAME	Sabino Marque	ier it Mork'	TITLE NAME			to siii le		۶
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TITLE	11555 Heron Da Coral Springs Parts Thanksing Parts J Gaddis 11555 Heron Da Coral Springs, F	er ilmGRII	TITLE		IN TU	IS SPA	ô <b>e</b> ligh, gr	
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CITY-ST-ZIP TITLE NAME			Providence Alberta Section 1					
TITLE	-		CITY-ST-ZIP					

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.

SIGNATURE: Andrew J. Gilroy	6/20/02	954-575-7150
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #