2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100007635

1. Entity Name

EXCHANGE INTERMEDIARY SERVICES L.L.C.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90049 049 ****50.00

ACKSONNILE FL 2222 JACKSONNILE FL 2222 JACKSONNIL	ONE MODEPANDENT DR. SUITE 2001 JACKSONNILE FI. 22022 2. Principal Place of Business Suite, Apt. #, etc. Chy & State Chy & State Chy & State Chy & State Country Zip Country Sincer Address of New Registered Agent Not in Despite in Address of New Registered Agent Street Address (PO Box Numbor is Not Accoptable) Sitest Address (PO Box Numbor is Not Accoptable) City FL Zip Code Sitest Address (PO Box Numbor is Not Accoptable) Address (PO Box Numbor is Not						1				
JACKSONALLE FL 2202 JACKSONALLE FL 2202 2. Principal Pace of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Streat Address of Status Desired AREL, EDWARD C ONE INDEPENDENT DR, SUITE 2301 JACKSONVILLE FL 3202 City FL Zip Code FL Zip Code FL Zip Code City Make Chack Payable for implement aperture in state and imministry with, and accept the collegators of registered apert. or both, in the State of Florida. I am familiar with, and accept the collegators of registered apert. or both, in the State of Florida. I am familiar with, and accept the collegators of registered apert. The above named entity scientis the statement for the purpose of changing its registered office or registered apert. or both, in the State of Florida. I am familiar with, and accept the collegators of registered apert. or both, in the State of Florida. I am familiar with, and accept the collegators of registered apert. The above named entity scientis the statement for the purpose of changing its registered office or registered apert. or both, in the State of Florida. I am familiar with, and accept the collegators of registered apert. The above named entity scientis the statement for the purpose of changing its registered office or registered apert. or both, in the State of Florida. I am familiar with, and accept the collegators of registered apert. The above named entity scientis and address of New Registered Apert The above named entity scientis and address of New Registered Apert The above named entity scientis and address of New Registered Apert The above named entity scientis of New Registered Apert The above named entity scientis of New Registered Apert The above na	JACKSOMMILE FL 3202 2. Principal Place of Business Suite, Apt. #, etc. City & State City & State City & State Country Zp Country Zp Country Zp Country Zp Country Zp Country Exp Country Zp Country Zp Country Zp Country Zp Country Exp Country Zp Country Exp Country Zp Country Zp Country Zp Country Zp Country Zp Country Exp Special Address of Current Registered Agent To Name and Address of New Registered Agent City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Name Deebs Exp Make Check Payable to Fiorida Department of State of Footial. I am familiar with, and in the obligations of registered agent, or both, in the State of Footial. I am familiar with, and in the obligations of registered agent. Or both, in the State of Footial. I am familiar with, and in the obligations of registered agent. Or both, in the State of Footial. I am familiar with, and in the obligations of registered agent. Or both, in the State of Footial. I am familiar with, and in the obligations of registered agent. Or both, in the State of Footial. I am familiar with, and in the obligations of registered agent. Or both, in the State of Footial. I am familiar with, and in the obligations of registered agent. Or both, in the State of Footial. I am familiar with, and in the obligations of registered agent. Or both, in the State of Footial. I am familiar with and in the obligations of registered agent. Differ Make Check Payable to Fiorida Department of State Debts May 1, 2009 ADDITIONS/CHANGES Country III Am familiar with and address of the payable agent. Debts May 1, 2009 ADDITIONS/CHANGES Debts May 1, 2009 ADDITIONS/CHANGES Debts May 1, 2009	Principal Pla	ace of Business	Mailing Address			-		_		
Suite, Apl. #, etc. City & State A. FEI Number NOT APPLICABLE Applied For Not Applied	Suite, Apt. #, etc. City & State	one indepei Jacksonvill	NDENT DR., SUITE 2301 Le Fl 32202	ONE INDEPENDENT DR					-		
Suite, Apl. #, etc. City & State A. FEI Number NOT APPLICABLE Applied For Not Applied	Suite, Apt, if, etc. City & State City & Ci	2. Principal	Place of Business	3. Mailing Address							
City & State Country AKEL, EDWARD C ONE INDEPENDENT DR., SUITE 2301 JACKSONVILLE FL 32202 City Street Address (PO. Box Number is Not Accoptable) City FL Zip Code C	City & State Ci	Suite, Apr	t. #, etc.	Suite Ant # etc			11881(41) 81	ı BB(B) ((B)) (B)(() \$0()	I OFIII GRIII OFI		
A. FEI Number NOT APPLICABLE Applied for Not Applied Not Appli	Zip Country Zip Country ApplicABLE Applie NoT APPLICABLE Applie Not ApplicABLE Applie Not ApplicABLE Applie Not ApplicABLE Stouth Desired Agent Name Address of New Registered Agent Name Name Address of New Registered Agent Name	·	<u> </u>	Juite, Apt. #, etc.				CHECK HERE	IF MAKING	CHANGE	:S
Zip Country Zip Country Sip Country S. Certificate of Sistus Dasired Signal Additional See Roquired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required AKEL, EDWARD C ONE INDEPENDENT DR., SUITE 2301 JACKSONVILE FL 32202 City FL Zip Code File Now!!! FEE IS \$50.00 Make Check Payable to Floridat Department of State Due By May 1, 2003 MANAGING MEMBERS / MANAGERS IN STREET ADDRESS CITY-51-7P Let Mis Managers Delete Site Address CITY-51-7P ET Additional Site Address CITY-51-7P Change Additional Site Address CITY-51-7P Change Additional City Site Address CITY-51-7P ET Additional City Site Address CITY-51-7P Change Additional City Site Address CITY-51-7P City S	Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address	City & Sta	ate	City & State			4. FEI Number	NOT APPL	ICABLE	1	Applied For
S. Name and Address of Current Registered Agent AKEL_EDWARD C ONE INDEPENDENT DR. SUITE 2301 JACKSONVILLE FL 32202 City FL Zip Code City City City FL Zip Code City Cit	S. Name and Address of Current Registered Agent AKEL, EDWARD C ONE INDEPENDENT DR., SUITE 2301 JACKSONVILLE F1 32202 City City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City City FL Zip Code City City City City FL Zip Code City Ci	Zip	Country	Zip	Country						Not Applicat
AKEL, EDWARD C ONE INDEPENDENT DR., SUITE 2301 JACKSONVILLE FL 32202 City FL City FL Zip Code	AKEL, EDWARD C ONE INDEPENDENT DR, SUITE 2301 AKEL, EDWARD C ONE INDEPENDENT DR, SUITE 2301 City City FL Zip Code Date FILE No. Make Check Payable to Florida Department of State Due By May 1, 2003 MARE Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES City St - Zip ACKSONVILLE FL 32202 FILE MAKE FILE NOWES Site Address City St - Zip ACKSONVILLE FL 32202 FILE MAKE Site Address City St - Zip		6. Name and Address of Curr	ent Registered Asset						ee Requi	dditional red
Sitest Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Co	Sireer Address (PO. Box Number is Not Acceptable) City FL Zip Code	A1/1		ent negisiered Agent	N	ame	7. Name and A	ddress of New R	egistered A	gent	
City FL Zip Code The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. Granue	City FL Zip Code City FL Zip			004	-	root Andress (F	BO B 11	-, ,		<u></u>	
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. I am familiar with, and accertific the obligations of registered agent. ### Approximation to printed name of registered agent and title 6 approachis. ### Approximation to printed name of registered agent and title 6 approachis. ### Approximation to printed name of registered agent and title 6 approachis. ### Approximation to printed name of registered agent and title 6 approachis. ### Approximation to printed name of registered agent. ### Approximation to printed name of registered agent. or both, in the State of Florida. I am familiar with, and accertification agent agents agents agents agents. ### Approximation to printed name of registered agent. ### Approximation to printed name of registered agent	In 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. It am familiar with, and it the obligations of registered agent. In 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. It am familiar with, and it is the obligations of registered agent. In 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. It am familiar with, and it is the obligations of registered agent. In 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. It am familiar with, and it is the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and it is the purpose of change in the pur	JAC	CKSONVILLE FL 32202	3U I	51	reet Address (F	P.O. Box Number is	S Not Acceptable))		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accert the obligations of registered agent. Content of the obligation of registered agent and the flaspicable. (NOTE Registered Agent sprature movined when narisativity) DATE	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. I am familiar with, and is the obligations of registered agent. IGNATURE										
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. In the State of Fiorida. I am familiar with, and accept the obligations of registered agent and text applicable.	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. I am familiar with, and it the chilipations of registered agent. IGNATURE					•	" "		FL		
GNATURE Signature Signatu	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS I0. ADDITIONS/CHANGES HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A. ONE INDEPENDENT DR. SUITE 2301 JACKSONVILLE FL 32202 LE HET ADDRESS CITY-ST-ZIP EET ADDRESS CITY-ST-ZIP EET ADDRESS STREET ADDRESS CITY-ST-ZIP EET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP EET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change AMALE STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change AMALE STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change AMALE STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change AMALE STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DELET ADDRESS CITY-ST-ZIP	The above the obligat	named entity submits this statementions of registered agent	it for the purpose of changing i	its registered of	lice or registere	ed agent, or both, i	n the State of Flor	ida. I am far	niliar with	and accer
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS IO. ADDITIONS/CHANGES HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A. ONE INDEPENDENT DR. SUITE 2301 JACKSONVILLE FL 32202 LE HET ADDRESS CITY-S1-ZIP EET ADDRESS STREET ADDRESS CITY-S1-ZIP ET ADDRESS STREET ADDRES	Signature, typed or printed name of registered agent and titse if applicable. (NOTE Registered Agent signature required when reinstating) DATE		none of registered agent.					_			, and accep
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS / MANAGERS ID. ADDITIONS / CHANGES THE NAME HOLBROOK, AKEL COLD, STIEFFL & RAY, P.A ONE INDEPENDENT DR., SUITE 2301 JACKSONVILLE FL 32202 LE LEF ADDRESS CITY-ST-ZIP LEF ADDRESS	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE NAME HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A ONE INDEPENDENT DR., SUITE 2301 JACKSONVILLE FL 32202 Delete NAME FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due by May 1, 2003 10. ADDITIONS/CHANGES CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP E E COMPANY OF THE COMPANY OF THE CHANGE STREET ADDRESS CITY-ST-ZIP E E COMPANY OF THE CHANGE STREET ADDRESS CITY-ST-ZIP E E COMPANY OF THE CHANGE STREET ADDRESS CITY-ST-ZIP E E COMPANY OF THE CHANGE STREET ADDRESS CITY-ST-ZIP E E COMPANY OF THE CHANGE STREET ADDRESS CITY-ST-ZIP Delete TADDRESS STEET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete THOMBESS TREET ADDRESS CITY-ST-ZIP Delete TADDRESS TADDRESS TADDRESS TREET ADDRESS CITY-ST-ZIP Delete TADDRESS TA	GNATORE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	OTE: Registered Agen	t signature required v	when reinstating)		DATE		-
Make Check Payable to Florida Department of State Due By May 1, 2003 THE MGR HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A ONE INDEPENDENT DR, SUITE 2301 JACKSONVILLE FL 32202 THE MEET ADDRESS OFFICE ADDRESS OTHY-ST-ZPP LE MEET ADDRESS OTHY-ST-ZPP LE MEE CHAPPES OTHER ADDRESS OTHY-ST-ZPP LE MEE CHAPPES OTHY-ST-ZPP LE MEE CHAPPES OTHER ADDRESS OTHY-ST-ZPP LE MAME OTHER ADDRESS OTHY-ST-ZPP LE MET ADDRESS OTHY-ST-ZPP LE MAME OTHER ADDRESS OTHY-ST-ZPP LE MAME OTHER ADDRESS OTHY-ST-ZPP LE MAME OTHER ADDRESS OTHER	MAKE Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS TILE MGR HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A ONE INDEPENDENT DR, SUITE 2301 JACKSONVILLE FL 32202 TILE ME		 						UAIE		
MANAGING MEMBERS MANAGERS I.E. MGR HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A ONE INDEPENDENT DR., SUITE 2301 JACKSONVILLE FI. 32202 LE ME AEET ADDRESS CITY-ST-ZIP E E ADDRESS STREET ADDRESS CITY-ST-ZIP E E ADDRESS STREET ADDRESS CITY-ST-ZIP E E E C Delete NAME STREET ADDRESS CITY-ST-ZIP E E E E C DELET ADDRESS CITY-ST-ZIP E E MAME STREET ADDRESS CITY-ST-ZIP E E MAME STREET ADDRESS CITY-ST-ZIP E E MAME STREET ADDRESS CITY-ST-ZIP Delete MAME	MANAGING MEMBERS / MANAGERS LE MGR HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A ONE INDEPENDENT DR., SUITE 2301 JACKSONVILLE FL 32202 LEET ADDRESS V-ST-ZIP LEET ADDRESS CITY-ST-ZIP LEET ADDRESS CITY-S			Make Check Payal	ble to Florida	Departmen	it of State				
MGR HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A ONE INDEPENDENT DR., SUITE 2301 LE ME MEET ADDRESS ON ILLE FL 32202 LE ME MEET ADDRESS CITY-ST-ZIP EET ADDRESS CITY-ST-ZIP	THE MAGE HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A ONE INDEPENDENT DR., SUITE 2301 ACKSONVILLE FL 32202 Delete MEET ADDRESS WEET ADDRESS P. ST-ZIP EET ADDRESS STREET ADDRESS CITY-ST-ZIP EET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EET ADDRESS STREET ADDRESS CITY-ST-ZIP EET ADDRESS STREET ADDRESS STR			Di	ue By May 1,	2003					
ME HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A ONE INDEPENDENT DR., SUITE 2301 JACKSONVILLE FL 32202 Delete ITILE Change Addition Addit	MEET ADDRESS V-ST-ZIP HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A ONE INDEPENDENT DR., SUITE 2301 JACKSONVILLE FL 32202 Delete ME HET ADDRESS V-ST-ZIP E HET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP E HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				10.			ADDITIONS/C	HANGES		
STREET ADDRESS ST-ZIP CHANGE CHY-ST-ZIP CHANGE ACE ACE ACE ACE ACE ACE ACE A	ACKSONVILLE FL 32202 STREET ADDRESS LET A			L Delete		1		,		Change	Addition Addition
LE ME	CHY-ST-ZIP		ONE INDEPENDENT DR., SUI	TE 2301		RESS					
ME REET ADDRESS Y- ST-ZIP LE ME REET ADDRESS Y- ST-ZIP LE ME ME REET ADDRESS CITY- ST-ZIP LE ME REET ADDRESS Y- ST-ZIP LE ME ME REET ADDRESS CITY- ST-ZIP LE ME REET ADDRESS CITY- ST-ZIP LE ME REET ADDRESS MAME STREET ADDRESS CITY- ST-ZIP LE ME REET ADDRESS MAME STREET ADDRESS CITY- ST-ZIP LE ME REET ADDRESS CITY- ST-ZIP LE MAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP LE MAME STREET ADDRESS STREET AD	Delete		JACKSONVILLE FL 32202		CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP LE ME LE CHANGE CEET ADDRESS CITY-ST-ZIP E STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change A			☐ Delete		ļ				Change	Addition
CITY-ST-ZIP CHANGE CHANGE Addition CHANGE Addition CHANGE Addition CHANGE Addition CHANGE CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE AMME STREET ADDRESS CITY-ST-ZIP CHANGE	l l	The state of the s			RESS			محققها متناهمات		
Delete TITLE Change Addition	ME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP E Delete TITLE NAME Change A ME ME ME MAME ME ME ME ME ME MAME MAME ME ME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME				CITY-ST-ZIP						
STREET ADDRESS Y-ST-ZIP E AE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP E CHANGE STREET ADDRESS CITY-ST-ZIP E E Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP E E Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP E STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS Y-ST-ZIP E ME ME ME ME ME ME MAME STREET ADDRESS CITY-ST-ZIP Change A A Change A C	į.		☐ Delete			·] Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHAnge Addition Addition Change Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP EE AE BE CET ADDRESS C-ST-ZIP CITY-ST-ZIP CHange AC CITY-ST-ZIP Change AC CHANGE CHANG					ESS					
Delete TITLE NAME STREET ADDRESS -ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ET ADDRESS -ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition Change Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS -ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change AC Change				CITY-ST-ZiP	_	,				
STREET ADDRESS 7-ST-ZIP E IE IE IE IE IE IE IF IF IF	STREET ADDRESS /-ST-ZIP E Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP E ODElete TITLE NAME STREET ADDRESS CITY-ST-ZIP E NAME TITLE NAME Change AC Change AC			☐ Delete				<u>.</u>] Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHange Addition Addition Change Addition Change Addition Change Addition Change Addition City-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE ANME STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE ACTIFILE CHANGE ACTIFILE NAME CHANGE CHANGE ACTIFILE NAME	ſ				285					
E Delete TITLE NAME STREET ADDRESS -ST-ZIP Delete TITLE NAME STREET ADDRESS CITY- ST-ZIP Delete TITLE NAME Change Addition Addition Change Addition Change Addition Change Addition	E										
STREET ADDRESS -ST-ZIP Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	EET ADDRESS -ST-ZIP STREET ADDRESS CITY-ST-ZIP E Delete TITLE NAME Change AC			☐ Delete						Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP		1		4	:00			_	J -	
E TITLE NAME ET ADDRESS -ST-ZIP Change Addition STREET ADDRESS CITY-ST-7IP	E TITLE Change Ac	-ST-ZIP	·			:33					
ET ADDRESS STREET ADDRESS CITY-ST-ZIP	FTADDRESS			☐ Delete	TITLE					Change	☐ Addition
ST-ZIP CITY-ST-ZIP					NAME				Ļ	Judige	☐ ¥OUUUN
	CITY-ST-7IP	Ε		i a		aa					

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

JAN - 8 2003 9043566311