## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: WYSTED HAME OF SIGNING MANAGEN, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # 20100007735							Apr 16, 2002 8:00 am Secretary of State		
	Ec	Ksports, L					04-16-2002 90091		
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 3. Mailing Address							49099		
						<u> </u>			
103 Aldean Drive Suite, Apr. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State Sanford FL			City & State				El Number	Applied For	
Santo Zip		Country Unikal States	Zip	Cou	ntry		Certificate of Status Desired	\$5.00 Additional	
3277	<u> </u>	United Starts		1	1		me and Address of Current Registere	Fee Required	
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DO NOT WRITE						Street Address (P.O. Box Number is Not Acceptable)			
*	.	IN THIS S	PACE		156	~ W	Z Wild Meadow Way		
:4+	•	<i>i</i> .			City 7	ampa,	FI	Zip Code 37 626	
·-								- 37626	
SIGNATURE		ed or printed name of registered eg		is registe	red office of t	egistered age	ent, or both, in the State of Florida.		
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			Make Check F	ayable		ent of Stat			
9.			IBERS/MANAGERS		· · ·				
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CETY-ST-ZIP	certify that	the information supplied s	with this filing does not qualify		Y-ST-ZIP emption state	ed in Section 1	19.07(3)(i), Florida Statutes. I further co	ertify that the information	
indicated	on this rea	ont is true and accurate a	and that my signature shall hav stee empowered to execute th	e the san	ne legal effect	t as if made u	nder oath; that I am a managing memi	ber or manager of the	

FILED

Daytime Phone #

Date