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## FILED May 01, 2002 8:00 am Secretary of State

## 2002 UNIFORM BUSINESS REPORT (UBR)

						Secret	ary of t	State	•
DOCUMENT # L0100007890					04-04-2002 90086 034 ****50.00				
ROMAIN MOTIER, LLC									
HOME	I MOTILIII LEC								
		Atalia Addasa			-	_			
Principal Place of Business  Mailing Address  Mailing Address					₿	6			
82 SIXTH ST. 82 SIXTH ST. 7 O APALACHICOLA FL 32320 APALACHICOLA FL APALACHICOLA				Box 251 a) achi					
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		To Basilian Address	<u> </u>	<u> </u>					
Principal Place of Business     Mailing Address			$FL_{j}$	323 <i>29</i>			<b>88</b>     <b>83</b>     1 <b>395</b>   14    1	EIIN <b>ee</b> ri 1931	
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE II	N THIS SPACE		
City & State	9	City & State			4. FEI Number Applied For				
Oily & Callio					37-37/8995   Not Applicable			]	
Zip Country		Zip Count		ntry	5. Certificate of Status Desired				
	_6. Name and Address of Current	Registered Agent			7. Nam	e and Address of New Regi			<u> </u>
Nam					· , —	a jami sen de milian inga si ti			
DUCIMETIERE-MONOD, OLIVIER				Street Address (P.O. Box Number is Not Acceptable)					
82 SIXTH ST. APALACHICOLA FL 32320						· · · · · · · · · · · · · · · · · · ·			1
				City			Zip Code	9	┨
						<del> </del>	re	<del>-</del>	4
8. 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.									
SIGNATURE .									
Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature red					t when reinstat	ing)	DATE		┨
FILE NOW!!! F Make Check Payable to					f State				
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9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/CH	ANGES		1_
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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 eath; 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 808, Florida Statutes.									
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Deta Deptime Phone #									