

07-08-2002 90237 039 ****50.00

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

DOCUMENT # **L 01000008198**
 1. Entity Name
Caraccidents.com LLC

DO NOT WRITE IN THIS SPACE

969810

2. Principal Place of Business 4861 N. Dixie Highway Suite, Apt. #, etc. 205 City & State Fort Lauderdale, FL Zip 33334 Country USA		3. Mailing Address 4861 N. Dixie Highway Suite, Apt. #, etc. 205 City & State Fort Lauderdale, FL Zip 33334 Country USA	
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DO NOT WRITE IN THIS SPACE

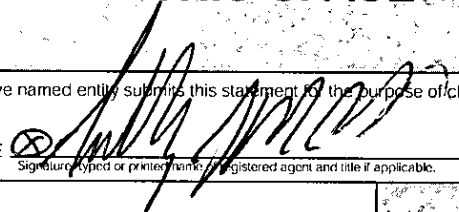
4. FEI Number 65-1106077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Anthony J. McDermott
Street Address (P.O. Box Number is Not Acceptable) 4861 N. Dixie Highway
Suite 204
City Fort Lauderdale FL Zip Code 33334

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  DATE **7/2/02 (954) 938-8048**

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

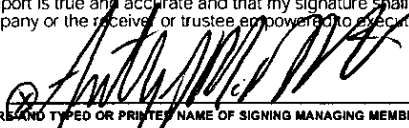
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Anthony J. McDermott 4861 N. Dixie Highway, 205 Fort Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP April Wiener 4861 N. Dixie Highway, 205 Fort Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - General Council James I. Kuhn, Esq. 4861 N. Dixie Highway, 205 Fort Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
 IN THIS SPACE**

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:  DATE **7/2/02 (954) 938-8048**

CR2E083B (12/01)

Attachment

969810



ERIC FILKINS, CPA
CERTIFIED PUBLIC ACCOUNTANT

June 27, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Caraccidents.com LLC
Notice Dated June 3, 2002
Ref. No. L01000008198

Dear Sir of Madam:

Your letter dated June 3, 2002 described that the Uniform Business Report and check for Caraccidents.com LLC were being returned because the wrong form was prepared, and required that the Uniform Business Report be prepared on the correct form, and mailed with a check for \$ 50.00 and a copy of the letter.

Please find enclosed the Limited Liability Company Uniform Business Report, a check for the \$ 50.00 annual fee, and a copy of your letter dated June 3, 2002.

Please accept the Uniform Business Report as timely filed.

Sincerely,

E. Filkins, CPA

Eric Filkins, CPA