

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0014303

DOCUMENT # L01000009360

1. Entity Name

ANSWER, L.L.C.



FILED

03 APR 23 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business 201 S BISCAYNE BLVD SUITE 1500 (MDH) (BB) MIAMI FL 33131	Mailing Address 201 S BISCAYNE BLVD SUITE 1500 (MDH) (BB) MIAMI FL 33131
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	65-1113581	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
SUITE 1500-8B
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREDIT CHARGE (UK) LIMITED FIRST NATIONAL HOUSE, COLLEGE ROAD HARROW, MIDDLESEX UK HA1- 1FB <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: SIGNATURE REQUIRED FOR CREDITCHARGE (UK) LIMITED
J. F. MILTON DIRECTOR 8/4/03

CR2E083 (10/02)