2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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1200 N. 35TH	ace of Business	Mailing Address			1	_		
HOLLYWOOD	FL 33021 .	1200 N. 35TH AVE. HOLLYWOOD FL 33021			St	LENETARY	OF STAIL E.FLORIDA	
	·				IAL	LAHASSE	E, DEUKIUA	
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.								
· .	a. #, etc.	Suite, Apt. #, etc.			استحدث	⊒=CHECK-HERE.	IF:MAKING:CHAN	GE9
City & Sta		City & State		· · · -	4. FEI Number	6E_1117600		Applied For
Zip	Country		_			65-1117699	<u> </u>	Not Applicable
	Country	Zip	Country		5. Certificate of	of Status Desired	□ \$5.00	Additional
	6. Name and Address of Curre	nt Registered Agent			7. Name and A	Address of New Ro	Fee Re	quired
HUI	LL, J. MILFRED ESQ.		Name	е	<u> </u>			
	ERITAGE WAY		Stree	t Address (F	P.O. Box Number	is Not Acceptable))	
SEV	WALL'S POINT FL 34996		 		<u></u>			· ·
			City			<u> </u>	· <u> </u>	
8. The above	e named entity submits this statement	for the purpose of changing its	1 1					Code —————
								144
the obliga	e named entity submits this statement tions of registered agent.	tion the purpose of chariging its	registered dilice	or registere	d agent, or both,	in the State of Flor	ida. I am familiar v	ith, and accept
the obligat						in the State of Flor	ida. I am familiar v	/ith, and accept
	-	ant and title if applicable. (NOT)	E: Registered Agent sig	nature required w		in the State of Flor	nda. I am familiar v	/ith, and accept
		ent and title if applicable. (NOTE	E: Registered Agent sign	nature required w	when reinstating)	in the State of Flor		vith, and accept
		FILE NO Make Check Payable	E: Registered Agent sign OW!!! FEE IS The to Florida D	nature required w \$50.00 epartment	when reinstating)	in the State of Flor		vith, and accept
	Signature, typed or printed name of registered age	FILE NO Make Check Payabl	E: Registered Agent sign OW!!! PEE IS IN TO Florida D IN BY May 1, 20	nature required w \$50.00 epartment	when reinstating)		DATE	inth, and accept
SIGNATURE 9. TITLE	Signature, typed or printed name of registered age MANAGING MEME	FILE NO Make Check Payabl	E: Registered Agent sign OW!!! FEE IS The to Florida D	nature required w \$50.00 epartment	when reinstating)	ADDITIONS/C	DATE	
9. TITLE NAME	Signature, typed or printed name of registered age MANAGING MEME MGR KALLEN, HERBERT	FILE NO Make Check Payabl Due	DW!!! FEE IS TO FIORIDA D BY May 1, 20 TITLE NAME	\$50.00 epartment	when reinstating)		DATE	
SIGNATURE 9. TITLE	MANAGING MEME MGR KALLEN, HERBERT 1200 N. 35TH AVENUE	FILE NO Make Check Payabl Due	DW!!! FEE IS TO FIORIDA D BY May 1, 20 TITLE NAME STREET ADDRESS	\$50.00 epartment	then reinstating)	ADDITIONS/C	DATE CHANGES Chan	ge Addition
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1. 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 AND TYPED OR PRINTED

SIGNALE REQUIRED

1/14/03

Date