

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-07-2002 90388 012 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010005
1. Entity Name
N.R.G., L.L.C. ✓

DO NOT WRITE IN THIS SPACE

91924

2. Principal Place of Business
638 N. U.S. Hwy. 1
Suite, Apt. #, etc.
City & State
Tequesta, Florida
Zip
33469
Country
U.S.A.

3. Mailing Address
638 N. U.S. Hwy. 1
Suite, Apt. #, etc.
PMB 125
City & State
Tequesta, Florida
Zip
33469
Country
U.S.A.

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4. FFI Number
65-1111519
Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
Milton H. Baxley II
Street Address (P.O. Box Number is Not Acceptable)
1929 N.W. 12th Terrace
City
Gainesville FL Zip Code
32609

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FEES \$50.00
Make Check Payable to Department of State
DUE BY MAY

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Lindsley Keith c/o 1929 N.W. 12th Terrace Gainesville, Florida 32609
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DO NOT WRITE IN THIS SPACE

CR2E038 (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lindsley Keith Lindsley Keith 4-30-02 1616
Managing Member (352) 375-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #