2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2003 8:00 am Secretary of State

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City & State	2. Principal	Place of Business	3. Mailing Address										
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent GARNY, CAROL K 200 ESPLANADE WAY PALM BEACH FL 33480 Street Address (P.C. Box Number is Not Acceptable) City City City FL Zip Code FL Zip Code FL Zip Code FL Zip Code City FL Zip Code FL Zip Code City FL Zip Code FL	Suite, Apt	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
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200 ESPLANADE WAY PALM BEACH FL 30480 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Code Make Check Payable to Florida Department of State Due By May 1, 2003 City FL Addition FILE FL Addition FL Ad		W-CADOL:K			_Name		_=_				<u> </u>		- -
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R. The above named onlity 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	- FAL	M BEACHTE SSHOO		-							-		
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9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRD GRAVP, CAROL K STREET ADDRESS CITY-ST-ZP CTN-ST-ZP CTN	SIGNATURE	Signature, typed or printed name of registered agent a	nd tide if applicable. (NOTE	: Register	d Agent signatur	e required whe	en reinstating)			DATE			
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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 NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE