

1 of 2

03 MAY 15 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|-----------------------|-----------------------------------|---------|---|---------------------------------------|
| 2. Principal Place of Business 1897 Palm Beach Lakes Blvd. | | 3. Mailing Address SAME | | DO NOT WRITE IN THIS SPACE | |
| Suite, Apt. #, etc. #226 | | Suite, Apt. #, etc. | | | |
| City & State West Palm Beach, FL | | City & State | | 4. FEI Number 65-1123975 | Applied For |
| | | | | | Not Applicable |
| Zip 33409 | Country USA | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

7. Name and Address of Current Registered Agent

Name **Corporate Creations Network, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

941 Fourth Street, #200

City **Miami Beach** **FL** Zip Code **33139**

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

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

DATE _____

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

| 9. MANAGING MEMBERS/MANAGERS | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY Secretary Tom Logar 80 Celestial Way, #110 Juno Beach, FL 33408 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Getting There

04-25-03

CR2E083B (12/02)



2972
WARNER & ASSOCIATES, CPA, PA

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

1897 Palm Beach Lakes Boulevard • Suite 226 • West Palm Beach • Florida 33409 • 561-686-8666 • FAX 561-686-3304
Jupiter • Florida • 561-747-5668 E-mail: pbcpa1@aol.com

April 22, 2003

Florida Department of State
Division of Corporations
P. O. Box 6478
Tallahassee, FL 32314

RE: SB68, LC, FEIN#65-1123975, Document #:L01000012100

To Whom It May Concern:

As per our telephone conversation on this date I am enclosing the LLC Uniform Business Report along with the \$50.00 fee for the years 2002 and 2003.

Again, I will state we did not receive the UBR form for this company; therefore, it was overlooked and not filed timely. As requested today, I am sending the regular UBR report instead of the reinstatement form and the amount of \$100.00 for the years 2002 & 2003.

If you have any additional questions or concerns do not hesitate to contact me at the telephone number listed above.

Sincerely,
WARNER & ASSOCIATES, CPA, P.A.

A handwritten signature in black ink, appearing to read "Ronald D. Warner", written over a horizontal line.

Ronald D. Warner
Certified Public Accountant

RDW/aj

C: SB68, LC