LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am Secretary of State

DOCUMENT # L 0 0000 262 1000	DOCUMENT# / O / OO OO / O	
DO NOT WRITE IN THIS SPACE 2. Particular Place of Segments 5. Mailing Address South April Act. Sou	1. Entity Name	62 \ . 05-12-2002 90591 039 ****50.00
DO NOT WRITE IN THIS SPACE 2. Proceed Pages of Syspens Subse And Subsection Subse And Subsection S		
SUMA ADVINGE STATE OF THE STATE		SPACE 957961
Sules April 7 etc. Sules		<u>学校は1999 [[Accold 全体 によるできたない</u>] -
Pangma C. H. Pangm		
25.2401 County 32401 County 5. Certificate of Satus Desired \$5.00 Additional Fee Required 1. The Additional Fee Required Agent 1. Name and Address of Current Registered Agent 1. Name and Address of Current Agent 1. Name and Address of Current Agent 1. Name and Address o		CL El 4. FELAlymber 272 Co 27 Applied For
DO NOT WRITE IN THIS SPACE Steel Address of Current Registered Agent Number Hughes J. Box Name and Address of Current Registered Agent Number Hughes J. Box Name and Address of Current Registered Agent Steel Address J. Dox Name and Address of Current Registered Agent Number Hughes J. Box Name and Address of Current Registered Agent Number Hughes J. Box Name and Address of Current Registered Agent Number Hughes J. Box Name and Address of Current Registered Agent Number J.		Country
IN THIS SPACE IN THIS SPACE THE BOOVE named young submits this appearant for the purpose of changing its registered agent, or both, in the State of Florids SIGNATURE Supplement ligated to prive them of impacted ligate actions if appearant in the State of Florids SIGNATURE MANAGING MEMBERS / MANAGERS MANAGING MEMBERS / MANAGERS MANAGING MEMBERS / MANAGERS SIMET ADDRESS	SAFOI SAFOI	Fee Required
IN THIS SPACE The above named of the submits this space for the purpose of changing its registered alice or registered agent, or both, in the State of Florida Signature Signature 9. Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS DUE BY MAY 1 NAME SIRET ADDRESS SIRET ADDRESS COTH ST. 79 FEE IS \$50,00 Make Check Payable to Department of State DUE BY MAY 1 P. MANAGING MEMBERS/MANAGERS SIRET ADDRESS SIRET ADDRESS COTH ST. 79 FET IS \$40 I SET IN STATE DO NOT WRITE IN THIS SPACE SIRET ADDRESS COTH ST. 79		Name // Name /
8. The above named with submits this spacened for the purpose of changing its registered office or registered agent, or both in the State of Horida. SIGNATURE Signature inpair to private from a registered agent, or both in the State of Horida. FEE IS \$50.00 Make Check Payable to Department of State of DIE BY MAX 1 9. MANACING MEMBERS MANAGERS BILLE MANA SIRET ADDRESS GIT ST. 2P	\$P\$\$P\$\$P\$ 在1000年11日 11日 11日 11日 11日 11日 11日 11日 11日 11日	Streel Address (P.O. Box Number (Not Acceptable)
8. The above named and submits this siptement for the purpose of changing its registered affice or registered agent, or both. In the State of Florida SIGNATURE Suprame, types or period them of registered agent, and both. SIGNATURE Suprame, types or period them of registered agent, or both. In the State of Florida AT 10 - 02 Make Check Payable to Department of State or DUE BY MAN 1 S. MANAGING MEMBERS / MANAGERS III.E MANA SIRET ADDRESS SIRET ADDRESS OUT ST 2P TOTAL ST 2P SIRET ADDRESS OUT ST 2P TOTAL ST 2P TOTAL ST 2P SIRET ADDRESS OUT ST 2P TOTAL ST 2P TOTAL ST 2P SIRET ADDRESS OUT ST 2P TOTAL ST 2P TOTAL ST 2P SIRET ADDRESS OUT ST 2P SIRET ADDRESS OUT ST 2P TOTAL ST 2P SIRET ADDRESS OUT ST 2P TOTAL ST 2P SIRET ADDRESS OUT ST 2P TOTAL ST 2P SIRET ADDRESS S	IN THIS SPACE	220 Mc Renge live
8. The above named and submits this siptement for the purpose of changing its registered affice or registered agent, or both. In the State of Florida SIGNATURE Suprame, types or period them of registered agent, and both. SIGNATURE Suprame, types or period them of registered agent, or both. In the State of Florida AT 10 - 02 Make Check Payable to Department of State or DUE BY MAN 1 S. MANAGING MEMBERS / MANAGERS III.E MANA SIRET ADDRESS SIRET ADDRESS OUT ST 2P TOTAL ST 2P SIRET ADDRESS OUT ST 2P TOTAL ST 2P TOTAL ST 2P SIRET ADDRESS OUT ST 2P TOTAL ST 2P TOTAL ST 2P SIRET ADDRESS OUT ST 2P TOTAL ST 2P TOTAL ST 2P SIRET ADDRESS OUT ST 2P SIRET ADDRESS OUT ST 2P TOTAL ST 2P SIRET ADDRESS OUT ST 2P TOTAL ST 2P SIRET ADDRESS OUT ST 2P TOTAL ST 2P SIRET ADDRESS S		A. C. C.
SIGNATURE Superior a light of the properties depressed approaches Signature		1919ma City FL 72401
MANAGING MEMBERS MANAGERS ITILE MANE MANAGING MEMBERS MANAGERS ITILE MANE MANE MANAGING MEMBERS MANAGERS ITILE MANE MANE MANAGING MEMBERS MANAGERS ITILE MANAE STREET ADDRESS CITY ST JP TILE MANE MAN	The above named critics submits this statement for the purpose of changing.	its registered office or registered agent, or both, in the State of Florida.
S. MANAGING MEMBERS / MANAGERS TITLE MAKE MAKE MAKE MANAGING MEMBERS / MANAGERS TITLE MANAGERS MANAGING MEMBERS / MANAGERS TITLE MANAGERS STRETADORESS ACO MAIN 5 + 1 The Managers MANAGERS STRETADORESS CITY-ST-2P TOTAL TOTAL TOTAL TOTAL MANAGERS STRETADORESS STRETADORESS STRETADORESS STRETADORESS STRETADORESS STRETADORESS STRETADORESS STRETADORESS STRETADORESS CITY-ST-2P TOTAL TOTAL MANAGERS STRETADORESS CITY-ST-2P TOTAL THE MANAGERS STRETADORESS CITY-ST-2P STRETADORESS CITY-ST-2P STRETADORESS CITY-ST-2P TOTAL THE MANAGERS STRETADORESS CITY-ST-2P STRETADORES		4.3.0-02
9. MANAGING MEMBERS/MANAGERS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	эциялин, typed or printed rame of registered agent and title if applicable.	DATE
9. MANAGING MEMBERS/MANAGERS ITILE MAME JOE BY MAY WANAGING MEMBERS/MANAGERS ITILE JOBAN BOOK E I rod Sohn Son LLC ITILE JOHN BOOK SIDER ADDRESS CITY-ST-ZIP TOTAL ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MAME JOHN BOOK SIDER ADDRESS CITY-ST-ZIP TITLE JOHN BOOK SIDER ADDRESS STREET ADDRESS	Make Check	FEE IS \$50.00
TITLE MAME JOENS FORM SON LLC STREET ADDRESS CITY ST ZIP TOTAL STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY ST ZIP TITLE MAME STREET ADDRESS STREET ADDRESS CITY ST ZIP TITLE MAME STREET ADDRESS		
NAME STREET ADDRESS OTY-ST-ZP TITLE MAME STREET ADDRESS OTY-ST-ZP	THE MANAGERS	
STREET ADDRESS CITY-ST-ZIP PANTING C.TY F. 3.240 CTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME COOK Elrod Johnson LLC	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS 360 Main 5+	SIREET ADDRESS
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TICHLANG NC 20171	CITY-ST ZIP
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		IIILE AMELIAN
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SPREET ADDRESS	STREET ADDRESS IT TO THE STREET STREET STREET STREET STREET ADDRESS IT TO THE STREET ADDRESS IT TO THE STREET STREET STREET ADDRESS IT TO THE STREET
NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS		The state of the s
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME	
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	!	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		The same of the sa
CITY-ST-ZIP ITILE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITLE TITLE TIT	1	IN THIS SPACE
TITLE VAME VAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE VAME VAME VAME VAME VAME VAME VAME VAM	IREET ADDRESS	一一量字句:"如果我们的,只是你们一只一笑,你没有的有意。"这一转的"只有这种"数据是一点,这个时候就是"我们去,还是我们没有发生。我就能是一个
NAME STREET ADDRESS STREET ADDRESS GTY-ST-7IP GTY-ST-7IP GTY-ST-7IP TILE NAME TREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	1TY-\$T-ZIP	THE STATE OF THE S
OTY-ST-ZIP ITLE IAME TREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		THE POLICY OF THE PROPERTY OF
ITILE IMME IMME TREET ADDRESS STREET ADDRESS STREET ADDRESS	ITLE AME	
INAME STREET ADDRESS STREET ADDRESS	ITLE AME TREET ADDRESS	NAME STREET ADDRESS
STREET AUDIESS - STATE OF THE S	ITLE AME TREET ADDRESS ITY-ST-7IP	NAME STREET ADDRESS GTY-ST-ZIP
	ITLE AME TREET ADDRESS ITY- ST-7IP TLE AME	NAME STREET ADDRESS GITY ST-ZIP TITLE NAME
11. Thereby certify that the information supplied with this filling 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 early these legal effect as if made under early these legal effects.	ITLE AME TREET ADDRESS ITY-ST-7IP TLE AME FREET ADDRESS	NAME STREET ADDRESS GITY-SI-ZIP TITLE NAME STREET ADDRESS
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.	AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP 1. I hereby certify that the information supplied with this filling does not available.	NAME STREET ADDRESS GITY-ST-ZIP ITILL NAME STREET ADDRESS CITY ST-ZIP