2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

U	NIFORM BUSINE	SS REPORT	ſ (y	/BR)	9/18/2003-90	UUZ-U30-35U.U	10-220.00		
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Principal Place of Business 8017- PINE RIDGE ROAD		Mailing Address 6017 PINE RIDGE ROAD		SECRETARY OF STATE TALLAHASSEE, FLORIDA					
SUITE 262 NAPLES FL 34119		SUITE 262 NAPLES FL 34119							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number N	OT APPLICAB	N	pplied For ot Applicable	1
Zip	Country	Zip			5. Certificate of State	Fee Hequired			
	6. Name and Address of Current	Registered Agent			7. Name and Addre	s of New Registe	red Agent		1
AJAD	LES-LAWDOCK, INC.			Name	Grand	<u>'</u> ~===		~	1-
		•		Street Address	(P.O. Box Number is No				1
4501 NORTH TAMIAMI TRAIL				(0 71 16	Truil	(Jan 1971)			_
SUITE 300 NAPLES FL 34103					,				
NAF	LES FL STINS			City 1	<del></del>	<del>_</del>	Zin Cod	<u> </u>	4
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	named entity submits this statement for	the purpose of changing its i	egister	od office or registe	red agent, or both, in the	State of Florida.	I am familiar with,	and accept	1
the obligat	tions of registered agent.	() N	و حا	<b>1</b>	۸	$\sim$ $\sim$	Lan	××2	
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4 ( 1 mm	Signature, typed or purified name of registered agent a	nd tile if applicable. (NOTE:	Régistere	d Agent signature require	d when reinstating)	1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	ATE - 378	14 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	4
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indicated limited ital	retify that the information supplied with to on this report is true and accurate and to bility company or the receiver or trustee	inis filing does not quality for that my signature shall have the empowered to execute this re	ne exen e same port as	required by Chapi	iction 119.07(3)(i); Florid nade under oath; that i a ter 608, Florida Statutes.	a Statutes, I furthe m a managing me	r certify that the in amber or manager	of the	
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