## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## FILED May 07, 2002 8:00 am Secretary of State

1. Entity Nan	MENT # L010000144				ary 01 State 2 90348 031 ****50.00
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 3. Mailing Address				955271	
1111 RITZ CARLTON BLVD.  Suite. Apt. #, etc.  1108		1111 RITZ CARLTON BLVD.  Suite, Apt. #. etc.		DO NOT WRITE IN THIS SPACE	
City & State SARASOTA, FL		City's State SARASOTA, FL		4. FEFNumber	<b>✗</b> Applied For
Zip 34236	Country	Zip 34236	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	DO NOT W		\$10501000000000000000000000000000000000	7. Name and Address of Curren ORPORATIONS SYSTEMS (P.O. Box Number is Not Acceptable PINE ISLAND ROAD	
			City PLANTA	TTON	Zip Code 33324
	Signatum, typsed is printed name of registered agen	Make Checi	FEE IS \$50.00 Payable to Department of DUE BY MAY 1	f State	DATE
9.  THE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGRM WALHOF, CHRISTIAAN G 1111 RITZ CARLTON BL SARASOTA, FL 34236		TIFLE MAINE STREET ARPRESS CLY, ST-282		
HILE Name Street address City-St-Zip			THEE  NAME  STREET APPOILES  GIST ST. 285		
HFLE NAME STREET ADDRESS CHY-SE-ZIP			THE NAME STREET APORESS COST-ST-TE*	DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET APPRIESS CDPT-SSE-200	IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- ت سو ـــ	TITLE NAME STREET ALDRESS GIY-S1-289		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ALCORESS CITY ST 289		
indicated o	ertify that the information supplied with on this report is true and accurate and	i this filing does not qualif	y for the exemption stated in Section 1997	ction 119.07(3)(i), Florida Statutes, I	further certify that the information

limited flability company or the receiver or trusted impowered to execute this eport as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME