LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State

DOCUMENT # LO10000/5436 1 1. Entity Name LLOYD + Company LLC						Secretary of State 05-06-2002 90124 032 ****50.00	
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2011 Moss OAK DR. Suite, Apt. #, etc. 3. Mailing Address 2091 Moss OAK DR. Suite, Apt. #, etc.							
SARASOTA, FL STATE TANASOTA							JI AGE
Zip 3A	6721	Country.	SARASO7/	Country		4. FEI Number 65-1138441	Applied For Not Applicable
3.7	<u> 231 </u>	L'USA	3423/	USA		5. Certificate of Status Desired	\$5.00 Additional Fee Required
Name (T) or					Name and Address of Current Registered Agent		
TO THE DO NOT WRITE TO DUE					INESS FILINGS INC		
IN THIS SPACE Street Address (P.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O						O. Box Number is Not Acceptable)	
Suite						6 1114	
			46.0	City //	nian	ni BELOU FI	Zip Code
8. The above	e named entity	submits this statement for t	he purpose of changing its	registered office or	renistered	71 DEACH FL agent, or both, in the State of Florida.	133/39
SIGNATURE				J - = 1	registered	agent, or both, in the State of Florida.	
	Signature, typed (or printed name of registered agent and	litle if applicable.				
9.		MANAGONG	Make Check Pag	EE IS \$50,00 Able to Capery JE BY NAY	nem of s		
TILEMGRM	11/1	MANAGING MEMBERS	/MANAGERS				
NAME STREET ADDRESS	210	Mass PA	LU DO	TITLE NAME			6
CITY-ST-ZIP	SA	DARNTA T	K DK	STREET ADDRESS			(12/2
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NAME:	2/0	HVERNE	HEN1G	TITLE			ZE0
STREET ADDRESS CITY-ST-ZIP	264	1 MIOSS C	HKDR,	STREET ADDRESS			2 8
TITLE	VE IK	MOUTA, F	<u> </u>	CITY: ST: ZIP	3.5		
NAME			,	MILE			
STREET ADDRESS . City-St-Zip			·	NAME Street address			
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NAME	-			TITLE S TWO S.	10° 444.55	AND THE PARTY OF T	
STREET ADDRESS CITY ST ZIP				NAME STREET ADDRESS		IN THIS SPAC	E
W1 - ZIF				CONTRACTOR CONTRACTOR SELECTION	CONTRACTOR OF THE STATE OF THE		

11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information limited-liability company or the receiver or trustee empowered to execute this report as required by Chapter 608; Florida Statutes.

TITLE

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS City-St-Zip

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

District Prome 1