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## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED
May 22, 2002 8:00 am
Secretary of State

561-226-5900 Daytime Phone #

DOCUMENT # LO1000016577					05-22-2002 90215 005 ****50.00		
S&P	Advisors, LLC			V			
10 m			168210-077.52	S. apt 22 million. Theor			
	DO NOT WOLF						
	DO NOT WRITE	: IN THIS S	SPAC	3E -		$\sim$	
2 Principa	Place of Business					OI	00364
	Broken Sound Parkway, N	3. Mailing Address				Į (	UUOOY
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.			Parkway, N	4		
Suite City & St	<del></del>	Suite 101	,		DO NOT WRITE IN THIS SPACE		
	Raton, FL	City & State		4. FEI Number		Applicates	
Zip	Country	Boca Raton, FL		<del></del>	65-1139038	,*	Applied For Not Applicab
33487		33487	Coun	itry	5. Certificate of Status Desired	ı (n	\$5.00 Additional
		and the distance desirable			7. Name and Address of Curre		Fee Required
				r maine		nt Registere	Agent
	DO NOT W			Street Address //	Seidman	<del></del>	
	in this sp	ACE		5900 Broke	P.O. Box Number is Not Acceptaten Sound Parkway, NV	V, Suite	100
				City	<u> </u>		
8. The above	named entity submits this statement for	<u> 1885 - Francisk Spar</u> ak, Giel <b>L</b> ander	New York		ton	FL	Zip Code 33487
9.		Make Check P	FEE(IS) gyable to DUE(BY	Department of	State		
TITLE	MANAGING MEMBER	S/MANAGERS	lativities				
NAME	Member Neil Seidman		JITLE				
STREET ADDRESS	5900 Broken Sound Park	way, NW	NAME	T ADDRESS			
CITY-ST-ZIP	Suite 101, BOCA RAT	ON, FL 33487	City.s	AND COMPANY OF THE PARTY OF	and be established by course of the color Automic operation of the colors		
TITLE NAME	J. Coleman Prewitt, M	ember	TITLE	Mariane Controls			
STREET ADDRESS	5900 Broken Sound Parkway, NW Suite 101		NAME				
CITY-ST-ZIP	Boca Raton, FL 33487		STREET	ADDRESS			
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NAME STREET ADDRESS			NAME	Strict St. Her best design			
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TITLE		<u> </u>	CITY-SI	I-ZIP	DO NOT	MK1	<b>L</b>
NAME			TITLE	i di Titliki ike	IN THIS	SDAC	
STREET ADDRESS CITY-ST-ZIP			STREET	ADDRESS		JIAU	
TITLE			CITY-ST	-ZIP			
AME			TITLE				
TREET ADDRESS			name Street a	000555		nationalista († 19 Storičnosti	
ITY-ST-ZIP		<u></u>	CITY ST	STREET, STREET LAND STREET, ST			
ITLE AME	<del> </del>		TITLE				
Treet address			NAME	angeli ni estenti. Peret de caració			
ITY-ST-ZIP			STREET AL				
1. I hereby cen	tify that the information supplied with this	Ting does not qualify for the	CITY-ST	ar			
limited liabili	ify that the information supplied with this this report is true and accurate and that the company of the received or trustee emitted to the company of the received or trustee emitted to the company of the received or trustee.	ny signature shall have the sowered to execute this repo	same legat ort as requi	i stated in Section 1 l effect as if made ui ired by Chapter 608	19.07(3)( i), Florida Statutes. I ( nder oath; that I am a managi , Florida Statu tes.	further certifying member or	that the information manager of the