20 Ui	003 LIMITED LIA NIFORM BUSINE	BILITY CO	мр/ Г (u	ANY JBR)						JK41 W
DOCU	MENT # L01000	017067				FILED SECRETARY OF ISION OF CORP I 3 NOV 10 AM		;		Ŧ
Principal Place of Business NORTH TERMINAL LANDSIDE LEVEL-1 ORLANDO INTL'AIRPORT ORLANDO FL 32827-4399 2. Principal Place of Business		Mailing Address NORTH TERMINAL LANDSIDE LEVEL-1 ORLANDO INTL'AIRPORT ORLANDO FL 32827-4399 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
City & State		City & State			4. FEI Number 65-1145625 Applied F]	
Zip Country		Zip Cour		try	5. Certificate of Status Desired Status Desired Fee Require		.00 Add			
	6. Name and Address of Current F	legistered Agent				nd Address of New Re			- 	┙ ╶┥ _{──┶} ╯
HILLMAN-WALLER, LOUIS MANUEL 10 NW LEJEUNE ROAD SUITE 600				Name Street Address (P.O. Box Number is Not Acceptable)					
MIAMI EL	. 33126		City	FL Zip Code						
	named entity submits this statement for tions of registered agent	the purpose of changing its	registere	ed office or register	ed agent, or t	ooth, in the State of Flor	•	iar with, a	and accept	۱ [٬]
SIGNATURE .	Signature, typed or printed name of registered agent an		Registera	d Agent signature required	when reinstation)	10 -	23-03 DATE)		
Make Check Payable				FEE IS \$50.00						
9.	MANAGING MEMBERS/MANAGERS					ADDITIONS/0		Change	Addition]]@
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ACV/ JOHANN FIANE FRANK			E Et address - St- Zip						CR2E083 (4/03)
TITLE NAME STREET ADDRESS CITY - ST-ZIP	LDH INVESTMENTS, INC. 1424 CADOZ AVE MIAMI FL 33134			E ET ADDRESS - ST- ZIP	600024568168 ^{change} 11/10/0301086001 **150.00			Addition	5	
NAME STREET ADDRESS CITY - ST - ZIP	ACV/ INVESTMENTS, LTD CYPRUS DINOSTHENOUS 4 NICOSIA CYPRU			ET ADDRESS ST-ZIP				Change	= 🖃 Addition	
TITLE MCARM NAME STREET ADDRESS CITY-ST-ZIP						<u>.</u>		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREE CITY-	TRADDRESS	TAT	EMENT	03ª da	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗋 Delete						Change	Addition	
indicated	ertify that the information supplied with t on this report is true and accurate and th bility company or the receiver or trustee	at my signature shall have the empowered to execute this re	he same eport as	legal effect as if m required by Chapte	ade under oa	th: that I am a manaoir	further certify ti ng member or	hat the ini manager	formation of the	
SIGNAT	URE: SIGNIA	URY FIELOUU				0123103 Date	407 8 Daytime	Phone #	3230	

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