2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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 Entity Name 	18	# LO100 RUCTION, L.L.		7095	÷			FILE IR 28 P	附 2: 27	2003 9003	30 032 **	**50.0	
Principal Place of Business 7331 OFFICE PARK PLACE SUITE 200 VIERA FL 32940				Mailing Address 7331 OFFICE PARK PLACE SUITE 200 VIERA FL 32940			EEAH	FARE SEE TATE ASSECTEDATE ASSECTEDATE AND THE REPORT OF THE PROPERTY OF THE PR					
2. Principal Place of Business			3	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Num	ber APP	LIED FOR	}		pplied For ot Applicable
Zip	Country			Zip	try	5. Certifica			Fee Re			ditional ed	
	6. Name	and Address of C	urrent Reg	Istered Agent		Name		7. Name ar	d Address o	New Regis	tered Ager	<u>11</u>	
RENFRO, ROBERT M 7331 OFFICE PARK PLACE SUITE 200 VIERA FL 32940							ddress (F	O. Box Numl	ber is Not Acc	eptable)~	, .		
							·				FL	Zip Coo	le
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													and accept
				Make Check Payable	e to Fic	FEE IS \$5 orlda Dep sy 1, 2003	artmen	t of State	-		,		
9.		MANAGING N	/EMBERS	MANAGERS	10.				ADD	TIONS/CHA	NGES		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)Xi). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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