PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMPROVE

APPLICATION OF A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF STAPE AT LOS AS A DEPARTMENT OF A PERIOD OF A PERIOD OF

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

Name and Mailing Address

Managing Member/Manager

200009632882 12723/02--01038--002 **150.00



0 Daytime Phone # 927-644-0341

New Mai	ing Address		4. State/Country of Formation FL				
y, State, Z	SAME.		Date Organized or Qualified			10/08/2001	
	ce of Business COFFEE POT BOULEVARD I	3. New Principal Place of Busin	ness Address	6. FEI Number 59 - 3	75463	9	Applied For Not Applicable
ST.	PETERSBURG FL 33704	City, State, Zip		7. CERTIFICATE O	STATUS DESIRED	\$5.00 A	dditional Fee require Certificate of Status
	8. Name and Address of Current	Registered Agent		9. Name and Ac	dress of New Regi	istered Ag	ent
442	F, FRANK J III ESQ W. KENNEDY BLVD., STE. 34 PA FL 33606		Name SAME		Box Number is Not Acceptable)		
			City	and the second common with the contract state of		FL	Zip Code
nature of		Yellin			Date /2-/	8.0	2
		EGISTERED AGENT MUST SIGN		and the second second second second second			
gistered /	and Street Addresses of Each Managing Name of Managing Members/Managers	g Mentoer/Manager	Street Address of Ea			City / State	/ Zip
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