LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 03, 2003 8:00 am Secretary of State

1 1/	901 State
VASA CAPITAL MANAGEMENT L.L.C.	
DO NOT WRITE IN THIS SPACE	
DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 901 MARTW DOWNS BLVD. 3. Mailing Address 901 MARTW DOWNS BLVD.	
Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THE	HIS SPACE
Parn City FL PALM City FL 4. FEI Number 65-1154544	Applied For
Zip 34990 Country USA Zip 34990 USA 5. Certificate of Status Desired	Not Applicable \$5.00 Additional
7. Name and Address of Current Regist	Fee Required
DO NOT WRITE WILLIAM A BOSWELL	
IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable)	
901 MARTIN DOWNS BLUD SUITE	307
City Am Cry	Zip Code
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. Late of bligations of registered agent, or both, in the State of Florida.	am familiar with, and accept
	_
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	
Make Check Payable to Florida Department of State DUE:BY MAY 1	
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME WILLIAM A. BOSWELL STREET ADDRESS CITY-ST-ZIP ALM City FL 34990 TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DO NOT WR	NTE
THE CONTROL OF THE CO	10 cm 1 cm 1 cm 2 cm 2 cm 1 cm 1 cm 1 cm 1
NAME STREET ADDRESS THE THIS SPA	
SINCEL ADDRESS: CONTROL OF THE PROPERTY OF THE	TOTAL TO A STATE OF THE STATE O
CITY-SI-ZIP CITY-SI-ZIP	
POLY CT 7/D	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

712-781-5104

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