LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

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

DOCUMENT # 20/00018/67	
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1. Entity Name					05-22-2002 90272 015 ****50.00	
Source Med LLC						
No. One of the West Williams	o lateratura de la francisco que la proposición de la como de la c	en anno diselemento de selemento de	Salari ang Salari sa	an industria		
	DO NOT WRITE	IN THIS	SDAC	=		,
			טו אט		01	7384
2. Principal Place of Business 3. Mailing A 1844 Nob Hill Rd. 1844 No		3. Mailing Address 1844 Nob Hill	ig Address Nob Hill Rd.		1	1704
Suite, Apt. #, etc. Suite 609		Suite, Apt. #, etc. Suite 609		DO NOT WRITE IN THI	S SPACE	
City & State Plantation, FL		City & State Plantation, FL		4. FEI Number 65-1146229	Applied For Not Applicable	
Zip 33322	Country Broward	Zip 33322	Count	intry 5 Cortificate of Status Desired [7] \$5.00 Additional		\$5.00 Additional Fee Required
				4.1	7. Name and Address of Current Register	red Agent -
	- DO NOT W	RITE		Name JumpinJaxTax.com, Inc Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SP			1940 Harrison St,STE 201-8		
				City Hollyw	vood F	Zip Code 33020-5072
8. The above	named entity submits this statement for	or the purpose of changin	ng its registere	ed office or register	red agent, or both, in the State of Florida.	
SIGNATURE.	Signature, typed or primag name of registered agent	and title if an clicable			DATE	
	argument, types of principles of organization again.	nes " enciremental ch	FEE IS	\$50.00		
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9.	MANAGING MEMBI	Continued to the taken	1.79 Mar 2 10 10 Bu	mi sark, me i 4 i Meditarahan	- <u>7-9 % (</u> V)	
TITLE	Mgr.		TITLE	Section Controllering Account Control		
NAME STREET ADDRESS	John Sanders 1844 Nob Hill Rd Suite 609		200000	ET ADORESS		e de la companya de l
CITY-ST-ZIP	Plantation, FL 33322		\$20000	ST-ZIP		3
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CITY-ST-ZIP			NONE OF			
NAME			NAM!	20000		
STREET ADDRESS CITY-ST-ZIP		421		ST-ZIP	DO NOT WR	ITE:
TITLE			Section 200		IN THIS SPA	CE
NAME . STREET ADDRESS			MAM! STRE	ET ADORESS		
CITY-ST-7IP		· · · · · · · · · · · · · · · · · · ·	CITY	\$1.7P		
TITLE NAME			* TITLE NAME			
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CITY-ST-ZIP			(CIT)	ST-ZIP 201		
NAME			NAMI			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP		
ult1-3(-{ r	L		25.77	Contact and State of the Contact of	10.07/20/2.51	

I hereby certify that the information supplied with this filing 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 πιγ 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.

SIGNATURE: SIGNATURE AND TYPE

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE