UNIFORM BUSI	NESS REPOR	May 12, 2002 8:00 am			
DOCUMENT # 20/0000/8848 V			Secretary of State		
1. Entity Name			05-12-2002	90609 022 ****50.00	
GRAdy Reson	RI Propèr	lies.			
			9 4 O O 2 H		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business DATIONA BEACL Suite, Apt. #, etc. 201		BAYRI			
			DO NOT WRITE IN THIS SPACE		
City & State , City & State			4. FEI Number Applied For		
DAYTONA BEACH Zip Country	Florida.	Country	59-3755442	Not Applicable \$5.00 Additional	
32119 USA	32119	A ŽU	Certificate of Status Desired Name and Address of Current Regis	Fee Required	
		Name	hac GRADY	Keled Agent	
DO NOT WRITE		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE		45 7	#201 City Tona Beach FL Zip Code 19		
8. The above named entity submits this statem	ent for the purpose of changing it	ts registered office or regist	ered agent, or both, in the State of Florida.	<u>- </u>	
Miles O & Grand					
SIGNATURE Signature, typed or printed name of registered	d agent and the if applicable.			DATE	
	Make Check P	FEE IS \$50.00 Payable to Department	of State		
		DUE BY MAY 1			
	EMBERS/MANAGERS			=======================================	
TITLE MANAGEA NAME MICHAEL GRADT		TITLE NAME		CRZE083B (1201)	
NAME MICHAEL GRADT MITPORPOISE BAY Rd #201 CITY-57-21P ADJIES AREAL FL 32(19)		STREET ADDRESS CITY-ST-ZIP		838	
CITY-57-2P DAYTONA BEACH, FL 32119		TITLE			
NAME STORET ADDRESS		NAME STREET ADDRESS		ō	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
TIRE		TITLE ,			
NAME STREET ADDRESS		STREET ADDRESS	DO-NOT-WRITE		
CITY:SI-2P		HILE			-
TITLE NAME		NAME	IN THIS SP	ACE	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE	- 1-34 - 20 V Re	TITLE			
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		:	
TITLE		TITLE			
NAME Street address		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	110 07(0) 0 51 110 0 110 110 11		
 I hereby certify that the information supplie indicated on this report is true and accurat limited liability company or the receiver or to 	d with this filing does not qualify to e and that my signature shall have trustee empowered to execute this	for the exemption stated in the the same legal effect as it is report as required by Cha	section 119.07(3)(i), Florida Statutes. I furm made under oath; that I am a managing n pter 608, Florida Statutes.	nember or manager of the	
SIGNATURE: Micho	el Syr	4/29/02	(396)756-6851		
SIGNATURE AND TYPED OR PRINTED N	IAME OF SIGNING MANAGING MEMBER, M	IANAGER, OR AUTHORISET REPRE	SENTATIVE Date	Daytime Prione #	
•	,				