## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000019691



## FILED Mar 12, 2003 8:00 am Secretary of State

CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	1. Entity Na	DOLNY FAMILY, LLC				03-12-2003 90	011 031 ****50	).00	
Suite, Apt. #, etc.   City & State   City & City	2774 N. RIVERSIDE DRIVE		2774 N. RIVERSIDE DRIVE						
Suite, Apt. #, etc.   City & State   City & City	2. Principal	Place of Business	3. Mailing Address						
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  Status Advances  City S. Certificate of Status Desired  Statu	Suite, Apt. #, etc.		Suite, Apt. #, etc.						
Country   Coun	City & State		City & State		4. FEI Num				
MOULE, REX E PA 601 E. STRAWBRIDGE AVENUE MELBOURNE FI. 32801  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Make Check Payable to Florida. I am lamiliar with, and accept the objections of registered agent.  Make The Above named entity submits this stratement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the objections of registered agent.  Make The Above named agent and the if applicable.  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGINIS MEMBERS MANAGERS  TITE  MORTH.  NAMOLINY, DANE D  2774 N. RIVERSIDE DRIVE INDIATLANTIC FI. 32903  CITY-S1-ZP	Zip	Country	Zip	Country	5. Certifica	<del>,</del>	□ \$5.00 A	dditional	;
MOULE, REX E PA 601 E. STRAWBRIDGE AVENUE MELBOURNE FL 32901  8. The above-named entity submits this statement for the purpose of changing its registatered office or registatered agent, or both, in the State of Florida. I am farmilier with, and accept the colligations of registatered agent and the if applicable.    City   FL   Zip Code	<u> </u>	6. Name and Address of Current	Registered Agent	<u> </u>				red	4
Sireer Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	МО			Name	7. Name at	id Address of New Aeg	istered Agent		-
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accord the both part of registered agent, or both, in the State of Florida. I am familiar with, and accord the both part of registered agent, or both, in the State of Florida. I am familiar with, and accord the both part of registered agent, or both, in the State of Florida. I am familiar with, and accord the both part of Part of Registered agent, or both, in the State of Florida. I am familiar with, and accord the both part of State but the both part of	601	E. STRAWBRIDGE AVENUE		Street Add	Street Address (P.O. Box Number is Not Acceptable)				1
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registered agent.    SIGNATURE									1
B. 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				City	· · · · · · · · · · · · · · · · · · ·		Zip Co	ode	$\dashv$
SIGNATURE    Signature, typed or prised range of registered appent and title if applicable   (NOTE Peoplated Agent signature tropated when remaining)   (NOTE Peoplated Agent signature tropated Agent signature t	8. The above	named entity submits this statement for	r the purpose of changing it	s registered office or re	gistered agent, or b	oth, in the State of Florid	a. I am familiar with	n, and accept	$\dashv$
Signature, typed or printed harmon of registered agent and rife of explosion in the composition of the compo	the obligat	lions of registered agent,						, <del>,</del> , ,	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE NAME ' NADOLINY, DIANE D 2774 N. RIVERSIDE DRIVE INDIATLANTIC FI 32903  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO	TE: Bacistarad Arrest signahura					l
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		ertify that the information supplied with t	his filing does not qualify for		Section 110 07/01	3) Florida Oraș			

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.