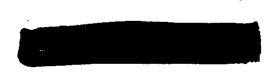
2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000019835 1. Entity Name LILA, LLC Principal Place of Business Mailing Address 33 NORTH GARDEN AVENUE 33 NORTH GARDEN AVENUE SUITE 750 CLEARWATER FL 33755 SUITE 750 CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address 1348 Ave. P.O. Box 33 N. Garden Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Sep 08, 2002 8:00 am Secretary of State

08-18-2002 90125 038 ****50.00



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| City & Stat | | City & State | . F/ | 4. FEI Number | 76/122 | - | pplied For | |
| | -water, FC | Clearwate | Country | 37- 2 | | | ot Applicab | |
| Zip うろつ | 55 TÜJA | 33757 | "L'SA | 5. Certificate of State | | 5.00 Ad lee Require | | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Addre | ss of New Registered A | jent | | |
| 00.40 | LIGH DESTRICT | S Production of the control of the c | Name | | · | | | |
| | LLINI, PETER A | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | ARWATER FL 33756 | | 0.00017.00100 | | | | | |
| 3,000 | MINATER LE 33/30 | | | | | | | |
| | • | | City | | FL | Zip Cod | le | |
| 8. The above | named entity submits this statement for | or the purpose of changing its | registered office or regis | tered agent, or both, in the | e State of Florida. I am fa | miliar with, | and accep | |
| | tions of registered agent. | | | | | | | |
| SIGNATURE . | | | | | | | | |
| | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered Agent signature requ | ired when reinstating) | DATE | | | |
| | | _ | W!!! FEE IS \$50.0 | 1 | | | | |
| | | · · · · · · · · · · · · · · · · · · · | able to Department | l l | | | | |
| | | Due By | Séptember 25, 2002 | ! | | | | |
| 9. | MANAGING MEMBE | | 10. | | ADDITIONS/CHANGES | | | |
| TITLE | Managing Mem | Delete | TITLE | | | Change | Addition | |
| NAME | Ronald + Mireille 33 N. Garden Ave Clearwater, FL | Pollack, as TBE | NAME | | | | | |
| STREET ADORESS CITY-ST-ZIP | 33 N. Garden The | 7. #776 | STREET ADDRESS CITY-ST-ZIP | | | | | |
| | Clearwater, IL | | | | | | | |
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| 44 () > | ertify that the information supplied with | this filing does not quality for the | | Castles 110 07/2VI) Classes | - 0 | | | |

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

REQUIRREDUID Or Pollack

8-5-02

727/298-5409