2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000020178					Feb 21, 2002 8:00 an Secretary of State 01-16-2002 90290 033 ****50.00		
601 E/	AST MAIN, LLC				01 10 200	2 7 0 2 7 0 0 5 5	50.00
Principal Place of Business Mailing Address 19370 SW 280TH ST. 19370 SW 280TH ST		Mailing Address	X*			1000	
HOMESTEAD FL 33031		HOMESTEAD FL 33031			12559		
2. Principal Place of Business		3. Mailing Address			DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEIN	Vumber 5-1154166		Applied For Not Applicable
Zip -	- Country	Zip .	Country		ficate of Status Desired	Fee Hequi	dditional red
	6. Name and Address of Curren	t Registered Agent		7. Nam	e and Address of New Reg	Istered Agent	
821	Vatt, jeff m 1 Fifth avenue south, ste. 2 Ples Fl 34102	01	Street Ad	dress (P.O. Box N	Number is Not Acceptable)		
			City .				de
. The above	named entity submits this statement f	or the purpose of changing its	s registered office or	egistered agent,	or both, in the State of Florid	a.	
IGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signatur	required when reinstati	ng)	DATE	· ·
	······································	FILE N	OW!!! FEE IS \$5	0.00			
			ayable to Departn e By May 1, 2002	ent of State			
TLE	MANAGING MEMB		10.		ADDITIONS/CH		
AME TREET ADDRESS TY-ST-ZIP	GRAVES, KENNETH 19370 SW 280TH ST. HOMESTEAD FL 33031	Delete	TITLE Name Street address City-st-zip			Change	Addilion
tle NME Treet adoress		Delete	TITLE NAME STREET ADDRESS		<u> </u>	Change	Addition
ry-st-zip	·····		CITY-ST-ZIP		······		
rle Me Reet adoress IY - St - Zip	<u></u>		TITLE NAME STREET ADDRESS			Change	Addition }
LE ME REET ADDRESS IY-ST-ZIP		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
LE Me Reet adoress		Delete	TTTLE NAME STREET ADDRESS		<u> </u>	Change	Addition
Y-ST-ZIP LE ME REET ADORESS Y-ST-ZIP		Delete .	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·····		🗌 Change	Addition
mulcaled c	ertify that the information supplied with on this report is true and accurate and ility company or the receiver or trustee	that my signature shall have t	the exemption stated	is it made under i	noth that I am a managing.	her certify that the i member or manage	nformation ar of the
			report as required by				