

NY 95597

1. Entity Name

FILED

02 JUN 17 PM 4:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 13025 KIRBY SMITH ROAD ORLANDO FL 32832-6130						Mailing Address 13025 KIRBY SMITH ROAD ORLANDO FL 32832-6130							SECRETARY OF STATE TALLAHASSEE FLORIDA <div style="text-align: right;">DO NOT WRITE IN THIS SPACE</div>								
2.						3.															
Principal Place of Business						Mailing Address															
Suite, Apt. #, etc.						Suite, Apt. #, etc.															
City & State						City & State															
Zip			Country			Zip			Country			4. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable						
												5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required									

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
CRAWFORD, JAMES P 13025 KIRBY SMITH ROAD ORLANDO FL 32832-6130	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

8. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

000005449670--8
-05/03/02--01048--006
350.00 **50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete Kathleen B. Crangach <i>Trustee</i> ↓ 13025 KIRBY Smith Rd <i>MGR</i> Del FL 33832	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete James P. Lawford <i>Trustee</i> 13025 KIRBY Smith Rd <i>MGR</i> Orlando FL 32832	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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.

SIGNATURE:

SIGNATURE REQUIRED

26 APR 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____

CR2E083 (9/01)