FILED
Jun 19, 2002 8:00 am
Secretary of State
01-23-2002 90049 008 ****50.00

94283

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020608

1. Entity Name
~~L.S. ENTERPRISES, LLC~~ NCHM
SawFish Bay LLC

Principal Place of Business	Mailing Address
111 POINT CIRCLE TEQUESTA FL 33469	111 POINT CIRCLE TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
111 POINT CIRCLE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TEQUESTA FL	City & State
Zip: 33469 County: N. Palm Beach	Zip / Country

4. FEI Number: 30-0011750 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STARR, LLOYD 111 POINT CIRCLE TEQUESTA FL 33469	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [signature] 1/8/02
Signature, required if filed separately from agent's and date if applicable. (NOTE: Registered Agent signature required when changing) Date

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

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Managing Member LLOYD STARR 111 POINT CIRCLE TEQUESTA, FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO LLOYD STARR 111 POINT CIRCLE TEQUESTA FL 33469	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member LLOYD STARR 111 POINT CIRCLE TEQUESTA, FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member LLOYD STARR 111 POINT CIRCLE TEQUESTA, FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CHANGES (plan)

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 1/8/02 561-575-1140
SIGNATURE AND TITLE OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #