## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L01000Q20886

DOCUMENT#

1. Entity Name

## FILED Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90007 043 \*\*\*\*50.00

DEMETREE - VOLUSIA COUNTY, LDC					
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business  3. Mailing Address  3. Mailing Address				945908	
3348 Edge GINTER OR. Suite, Apt. #, etc.		3. Mailing Address 3348 Edge WATER de. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State  OR Inv. Co	FL	4. FEI Number . 01-06.512.55	Applied For Not Applicable
Zip 328	OCOUNTY  OCHUGE	Zip 32804	Country ORANGE	5. Certificate of Status Desired	\$5.00 Additional Fee Required
Name Royald N. Schwartz					
			City 01	BEGGEWATER CR.  PANCO F	L Zip Code 80Y
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.  DATE					<u> </u>
FEE IS \$50.00  Make Check Rayable to Department of State  DUE BY MAY 1					
9.	MANAGING MEMBE	RS/MANAGERS	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		enageAS, Inc OR. 32804	TITLE NAME STREET ADDRESS CITY ST-ZIP		
TITLE NAME STREET ADDRESS CITY_ST_ZIP	MGRM RONALD N. SEHWA 3348 Edge WATER ORIANDO-FL	retz OR. 32804	NAME STREET ADDRESS  CITY: ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAWAENCE Sch 3348 Edge WATER ORIANDO, FL	ULER PR. 32804	TITLE NAME STREET ADDRESS CITY ST-ZIP	DO NOT WR	ITÉ
IITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPA	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS (CITY ST-ZIP)		

11. Thereby 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:

407-422-8191