LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State

DOCUMENT # L01000920887 . Entity Name			04-30-2002 90007 022 ****50.00
DEMETREE - INDIA	N RIVER, LLC		
. Principal Place of Business	WRITE IN TH	dress.	945929
3348 Edge WA Suite, Apt. #, etc.	TER CL 3348 (Suite, Apt.	Ecgewater dr.	DO NOT WRITE IN THIS SPACE
City & State OR MAN do FZ	City & State	arco FL	4. FEI Number Applied For Not Applicable
Zip Count		104 - Country Country E -	5. Certificate of Status Desired \$5.00 Additional Fee Required
DO I	NOT WRITE	Name Row Street Address	s (P.O. Box Number is Not Acceptable)
		City OR /	ando FL Zip Code oy
		FEE IS \$50.00 Check Payable to Department DUE BY MAY 1	of State
	NAGING MEMBERS/MANAGERS		A CONTROL OF THE STATE OF THE S
TAME REALTY MAKE	Keting Manager Eurter CR FL 32804	AS Tace NAME STREET ADDRESS CITY ST 72P	
ITLE MGRM	N. Schwartz EWATER CR. 72 32804	TITLE NAME STREET ADDRESS CITY-ST-ZUP	
TIE ME	E SCHULER EWATER da. FL 32804	NAME NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
ITLE AME TREET ADDRESS	/	V TITLE - V 3 The Sales	
ITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
ITY-ST-ZIP ITLE IAME STREET ADDRESS ITY-ST-ZIP		NAME Street Address	
ITLE IAME TREET ADDRESS	•	NAME STREET ADDRESS CITY: ST: ZIP TITLE NAME STREET ADDRESS	

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:

Layrence Schul

My

49/12 407-422-819