## LIMITED LIABILITY COMPANY

DOCUMENT # L01000020930					Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90154 047 ****50.00		
	~~.						
C	OO NOT WRIT	E IN THIS SI	PACE				
	ace of Business	3. Mailing Address		)a			
Suite, Apt. #, etc. Suite, Apt. #, etc.			IGHLAND ]	/ <u>k</u> .	DO NOT WAITE IN	THIC COACE	
Guito, Apr. II	, 500.	Conto, Apr. II, Cic.			DO NOT WRITE IN	ITIIS SPACE	
City & State		City & State	City & State LAKELAND, FL		Number 000 9 19 5	Applied For	
Zip	Country	Zip	Country			Not Applicable \$5.00 Additional	
33813	UŚA	33813	USA-		ificate of Status Desired	Fee Required	
			Name		and Address of Current Regis		
	DO NOT V	VDITE	Name	94 CCOCHOCA	TE Services of Cens	real florida finc.	
<u> </u>		Street A	ddress (P.O. Box N	Number is Not Acceptable)			
IN THIS SPACE				Suite 1100			
			City		~~~	FL Zip Code	
0 The stress			l	DRLANDO		FL Zip Code	
8. The above n	amed entity submits this statement	for the purpose of changing its	registered office of	r registered agent,	or both, in the State of Florida.		
SIGNATURE _							
S	ignature, typed or printed name of registered age			<del></del>	D	ATE	
		Make Check Pa	EE IS \$50.00 yable to Depart UE BY MAY 1	ment of State			
9.	MANAGING MEM	BERS/MANAGERS			1		
TITLE	MANAGER.	a	TITLE				
NAME STREET ADDRESS	ROBERT J. PACO.	De. #105	NAME STREET ADDRESS				
CITY-ST-ZIP	DECANOG FL. 30	834	CITY-ST-ZIP				
TITLE			TITLE				
NAME CERTET APPRECE			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE			TITLE				
NAME			NAME				
STREET ADDRESS			STREET ADDRESS		DO NOT WE	RITE	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME			TITLE NAME		IN THIS SPA	ACE	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	-		TITLE				

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Daytime Phone #