LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2002 8:00 am

DOCUMENT # L01000020969 1. Entity Name PERFORMANCE PARTNERS LLC			Secretary of State 03-20-2002 90040 012 ****50.00		
DO NOT WRITE IN	THIS SPAC	E			
2. Principal Place of Business 7 // (ng Address				
1701 NW 127 VAY SAME Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State City & Grand City & City &	& State	4. FEI 1	lumber -//S 9 4 88	Applied For Not Applicable	
Zip Country Zip		Country 5. Certificate of Status Desired \$5.00 Additional Fee Required			
	<u> </u>		and Address of Current Register		
DO MOT MIDITE		Name ANThoury ANDUANY Street Address (P.O. Box Number is Not Acaeptable) 170			
DO NOT WRITE		Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE	Ξ	7 101 70 2	, 181		
		CORAL SPRINGS FL Zip Code 33671			
The above named entity submits this statement for the purpo	en of changing its registers	CORAL > () R	or both, in the State of Florida	- 33671	
8. The above named entity submits this statement for the purpo	ise of changing its registere	sa office of registered agent,	of both, in the state of a longa.		
SIGNATURE Signature, typed or printed name of registered agent and title if appli	cable	.u-,	DATE		
Signature, typed or printed marile or registered agons and the maps	FEE IS	\$50.00			
	Make Check Payable to DUE BY	Department of State			
9. MANAGING MEMBERS/MANA	GERS				
TITLE MGRM NAME ANTHONY A. DUANY	TITLE	3			
TITLE NAME ANTHONY A. DUANY STREET ADDRESS 1701 NW 127.74 WAY CITY-ST-ZIP CORAL SPRINGS FL. TITLE MGRM	STRE	ET ADDRESS		į	
CITY-ST-ZIP CORAL SPRINGS FL.	33071 CITY	-ST-ZIP			
NAME RICHARY T MAZZON	TITLE NAMI	1		ļ	
NAME RICHARD J. MAZZON STREET ADDRESS 725 EAGLE TRACE BLU	√ ω. STRE	ET ADDRESS			
CITY-ST-ZIP CORAL SPRINGS, FL 330	57/ CITY	-ST-ZIP			
NAME GERALD J. BRAY	TITLE				
TITLE CITY-ST-ZIP CORAL SORINGS, FL 3307/ TITLE MGRM GERALD J. BRADGE BLOD FOR		ET ADDRESS	DO NOT WR		
CITY-ST-ZIP CURAL Springs, FL 336	LITTE	- ST- ZIP -			
TITLE NAME		E	IN THIS SPA	CE	
STREET ADDRESS		ET ADDRESS		i	
CITY-ST-ZIP	TITLE	-ST-ZIP			
TITLE	NAM	1			
STREET ADDRESS	B	ET ADDRESS		†	
CITY-ST-ZIP	CHY	-ST-ZIP			
TITLE NAME	NAM	1			
STREET ADDRESS	I	ET ADDRESS			
CITY-ST-ZIP	dage not qualify for the suc	-ST-ZIP	07(3)(i) Florida Statutes I further o	ertify that the information	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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: GERALD J. BRADY MERM
SIGNATURE AND TYPED OPPRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE