LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L01000021141

DOCUMENT#

1. Entity Name

FILED Apr 02, 2002 8:00 am Secretary of State

04-02-2002 90963 010 ****50.00

DO NOT WRITE IN THIS SPACE 935713	
2. Principal Place of Business 140 ISLAND WAY Suite, Apt. #, etc. # 300 3. Mailing Address 140 ISLAND WAY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	
City & State Clearwater, FLA City & State Clearwater FLA City & State Clearwater FLA 4. FEI Number 59-3760756 Not A	oplicable
Zip 3767 Country US 5. Certificate of Status Desired \$5.00 Addition Fee Required 7. Name and Address of Current Registered Agent	nal
DO NOT WRITE IN THIS SPACE Name Mile KAPLAN Street Address (P.O. Box Number is Not Acceptable) ## 200	
City Clean water FL Zip Code 3276	7
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 on whited name of registered agent and table if applicable. DATE	_]
FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1	
9. MANAGING MEMBERS/MANAGERS	
TITLE MANAGING MEMBER TITLE NAME MILE KAPLAN STREET ADDRESS 140 ISLAND WAY # 300 STREET ADDRESS STREET ADDRESS	CR2F083B (12/01
STREET ADDRESS 190 ISLAND WAY 4 500 STREET ADDRESS CITY-ST-ZIP CLEAR WATER, FLA 33767 CITY-ST-ZIP	83B
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED DEPRESENTATIVE

2/15/02 727 443 72