LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

STREET ADDRESS

CITY-ST-ZIP

FILED May 03, 2002 8:00 am Secretary of State

DOCUMENT# L010000 21270				Secretary of State		
1. Entity Name				05-03-2002 90056 005	05-03-2002 90056 005 ****55.00	
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2. Principal Place of Bus	ness	3. Mailing Address				
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Suite, Apt. #, etc. Suite, Apt. # Aetc.					4	
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City & State	A	City & State	<u> </u>	4. FEI Number	IA. P. I	
RIVIERA	BEACH, FL	\		60-0000291	Applied For	
33404	Country	Zip	Country		Not Applicable	
<u> </u>	USA			5. Certificate of Status Desired \$5.00	Additional uired	
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			City			
O'ATL			Pon	T ST. LUCIE FL Zigo	4952	
8 ₱The above named entit	y submits this statement for	the purpose of changing its	s registered office or re	gistered agent; or both, in the State of Florida.		
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SIGNATURE Signature typed	or finted name of registered agent ar	nd title if applicable.	STA	EPHEN D. SNYDER		
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9.			DUE BY MAY 1		ļ	
···	MANAGING MEMBER		SE MUNICIPALITY AND			
NAME PRES	IDENT - TA	EASUNER	TITLE			
	HEN D. SN		NAME		8	
1-21/	SE STONEH	AVEN KD.	STREET ADDRESS		() ()	
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CITY : 51. 700 183 0	VILLA DIE	STE WAY	STREET ADDRESS			
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CITY-ST-ZIP			CITY ST-ZIP	DO NOT WRITE		
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CITY-ST-ZIP mile TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-ZIP TITLE IME: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY:ST-ZIP 11. Thereby 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 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

SIGNATURE: