LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am Secretary of State

DOCUMENT # L01000021500					04-30-2002 90107 025 ****50.00)
	MANAGEMENT, L.L.	c.	J			
DO NOT WRITE IN THIS SPACE					85811	
2. Principal Place of Business 1305 If: 11 Ave. Suite, Apt. #, etc. City & State West Pala Beach For Zip 3 3 4 0 ? Country Country Country Zip 3 3 4 0 ? Country Country Country Country Zip					DO NOT WRITE IN THIS SPACE	
			Coun	try	4. FEI Number Applied For Not Applied For Not Applied For Status Desired Status Desired Applied For Status Desired Status Desi	ble
= :	usa			 	Fee Required 7. Name and Address of Current Registered Agent	_
				Name Z	The same and a same and a same	
	DO NOT W	RITE		Street Address	ss (P.O. Bex Number is Not Acceptable)	_{
	IN THIS SE	ACE				
·				1305	Hill Add.	_
•				City Wa	ut PAIN Deach FL Zip Code 37407	
8. The above i	named entity submits this statement to	or the purpose of changin	g its registere	d office or regis	stered agent, or both, in the State of Florida.	
SIGNATURE _	2 gra	(000)	cae A	lack	4/17/02	- 1
	Signature, typed or pillfled name of registered agent a	and trile if applicable.	7		PATE	_
		Make Check	FEE IS : Pavable to	\$50.00 Department	t of State	- {
			DUE BY			
9.	MANAGING MEMBE	RS/MANAGERS		* 4		-
TITLE NAME	Menser GEORGE HACK 688 N. CALLMET LAKE WORTH FL. 33467		TITLE		,	
STREET ADDRESS			name. Street	ADDRESS		
CITY-ST-ZIP			CITY-5	ST-ZIP		CR2E083B (12/01)
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STREET ADDRESS	6836 N. Colum	st-Cir.	NAME Street	ADDRESS		Ö
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1. I hereby cer indicated or limited line:	tily that the information supplied with the this report is true and accurate and the	his filing does not qualify nat my signature shall ha	for the exemp	otion stated in Si gal effect as if r	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the	-