LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021916

1. Entity Name

EXPRESS TRACK DATA, L.L.C.



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91159 039 ****50.00

				SO WE IT			
	O NOT WRITE	IN THIS S	PACE				
. Principal Pla	ce of Business	3. Mailing Address	7721	r			
410	STURDINANT AU	Po Bex	<u> </u>		DO NOT WRITE IN TH	IIC CDACE	
Guite, Apt. #	, etc.	Suite, Apt. #, etc.			56-2747509	IIS SPACE	
City & State	4	City & State			4. FEI Number	Applied For]
City & State ATLAW	Ic Potoch FL.	ATLANTIC K	SEACH	+L	ADDITED TO	Not Applicable	4
Zip 27	<u> </u>	City & State ATLANTIC A Zip 32233	Country	NL	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
<u> </u>					7. Name and Address of Current Register	ered Agent	-
			1	Name 11	CHAELA. KOLCUN		
- 1	DO_NOT_WI	RITE			P.O. Box Number is Not Acceptable)	-	1
	IN THIS SP		-	6860	Rould FUAL RO	sure 202	1
				City -	BONNEVAL RO.		┨
				57C/E	EUditis Ft.	52 2.4.50	4
I. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _	Signature, typed or printed name of registered agent a	- July if applicable			DA	TE	
		Make Check Paya	FEE IS \$4 ble to Flor DUE BY A	ida Departme	int of State		
)	MANAGING MEMBEI	RS/MANAGERS	ASSAUGIAN GA				2
TITLE	MEMBER	115V	TITLE NAME				(12/02)
NAME STREET ADDRESS	STEPHEN U. MEX	AL) 5+464		ADDRESS			38
CITY-ST-ZIP	STEPHEN D. MEGI 460 STURDIVENT ATLANTIC TSEAR	ch. FL. 32223	CITY-SI	r-zie			CR2E083B
TITLE	MEMBER		TITLE				R21
NAME	CHAIR NORRIS		NAME				
STREET ADDRESS	CHAIS NORRIS 13991 SPOWISCL SPERSONVILLE E	L 27	STREET CITY-ST	ADDRÉSS 1.709			
CITY-ST-ZIP	STIERSONVILLE E	7 32224	A STATE OF THE PROPERTY OF THE	1-20	The second secon		
TITLE	FELL MEMBER		TITLE				
NAME STREET ADDRESS	FRED PARCEY		A STANDARD CONTRACTOR AND A STANDARD CONTRAC	ADDRESS	DO NOT WE	DITE	
CITY-ST-ZIF	ATLANTIC BEAC	1-12-3233-3	cny-s	T-ZiP	DO_VOI_M	AIL ST	
TITLE	MEARRE		TITLE		IN THIS SPA	ACE	
NAME	Mith Fiasex		NAME				
STREET ADDRESS	82 TACLWOOD	NA _ 200 F	Affilia e delle si de la sacionale	ADDRESS			
CITY-ST-ZIP	- JACKGONVILLE BA	404 FL 3225	2008/03/02/03/03/03	1+Lif			SERVICE SERVIC
TITLE			TITLE NAME				
NAME STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			CHY-S	T-ZIP			
TITLE	<u> </u>		TITLE				
NAME			NAME				
STREET ADDRESS			THE REAL PROPERTY.	ADDRESS			
CITY-ST-ZIP			CITY -S	以最高的。在1900年的1900年以上,在1900年的市内的现在分	40 07(0)() Flacide Chabitae I for when	or certify that the information	
11. I hereby of indicated limited liab	ertify that the information supplied with on this report is true and accurate and pility company or the receiver or truster	n this filing does not qualify I that my signature shall have e empowered to execute th	for the exem ve the same l nis report as r	ption stated in S legal effect as if r equired by Char	section 119.07(3)(i), Florida Statutes. I furthe made under oath; that I am a managing mo pter 608, Florida Statutes.	ember or manager of the	