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

SIGNATURE: SIGNATURE AND TAPED OR PRINTED NAME OF SIGNANG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jun 26, 2002 8:00 am Secretary of State 06-26-2002 90070 016 ***150.00

DOCUMENT # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								06-26-2002 90070 016 ***150.00						
- KARGER CONSULTING GROWN LLC (1) DO NOT WRITE IN THIS SPACE								B0125803						
2. Principal Place of Business 3. Mailing Address 4. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. C-8. #1084								DO NOT WRITE IN THIS SPACE						
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B		i ea E	7 S			7.	Name an	d Address	of Currer	nt Register	red Agent			
DO NOT WRITE IN THIS SPACE City Cords Springs FL Spore														
8. The above	e named entity sub-	mits this statement for	the purpose of ch	anging its registere	ed office or	registered			State of F	lorida.	, 😎	<u> </u>		
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9.		MANAGING MEMBER	S/MANAGERS			• .							\neg	
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indicated	on this report is tru	mation supplied with the and accurate and the	iat mv signature s	qualify for the exer	legal effec	t as if mad	e under o	ath: that I a	a Statutes. m a mana	I further or	ertify that to	the information	n	
limited lia	bility company or the	he receiver or trustee of	empowered to exe	cute this report as	required b	y Chapter I	508, Floric	a Statutes.	= 1110110	23	an or mai	gor or me		