## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_\_\_\_\_

## FILED Apr 17, 2002 8:00 am Secretary of State

	MIPONIN DOGINE	.30 IILF OIII (	(OBII)	<del></del>	Secretary	of State	
DOCUMENT # 1.01000022373  1. Entity Name				5	Secretary of State 04-17-2002 90025 016 ****50.00		
•				`			
MCGREG	OR-PINERIDGE, LLC			İ			
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 3. Mailing Address 1.0.130 x 1.74(a)							
Suite Apt. #, etc.  Suite, Apt. #, etc.				.	DO NOT WRITE IN THIS SPACE		
City & State	PCO FC	CYSTARWA	TER FL	- 4. FE	Number 382837	Applied For Not Applicable	
Zip 32	773 Country SA	<sup>Zip</sup> 33773	Country		tificate of Status Desired	\$5.00 Additional Fee Required	
		,		7. Name	and Address of Current Registere	d Agent	
	DO NOT W	DITE	Name (	<u> 'ARIC</u>	DS YEPES		
والمستعدد المراجعة والمستعددة والمستعدد وا	للهيدية فيدنون باللثاث المغزر ويستجين والمراج والمراج والمتحاري والمتحار والمتحار والمتحاري والمعارين	لىك بەرىكىك « ئىيمارىك» بەر <u>ئىلىنىلىك بىرا</u>	Street A	ddress (P.Q. Box	Number is Not Acceptable)		
	3 IN THIS SP	ACE	1:	2360	106ch S+ N	# 11	
			City	ARGO	FL	- Zip Code 773	
8. The above	named entity submits this statement for	the purpose of changing its reg	gistered office or	registered agent	or both, in the State of Florida.		
SIGNATURE .					4/8/	02	
	Signature, typed over inted name of redistant agent a	nd title if applicable.			DATE		
	<i>J. J.</i>	FE Make Check Paya	E IS \$50.00 ble to Departs	ment of State		}	
			E BY MAY 1	4			
9.	MANAGING MEMBEI	RS/MANAGERS					
TITLE   NAME	CARLOS YEPES		TITLE NAME			CRZE083B (12/01)	
STREET ADDRESS	PO 30 17467		STREET ADDRESS			) B	
CITY-ST-ZIP	GESTWATER	FL 33762	_CITY-ST-ZIP			B	
TITLE NAME	GREG X NOW	A/K_	TITLE NAME			CR2	
STREET ADDRESS	P.O. BOX 758	8	STREET ADORESS				
CITY-ST-ZIP	POBOX 758 CLEARWATER F	L 33758	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE			TITLE NAME			Ì	
NAME STREET ADDRESS			STREET ADDRESS		DO NOT WE		
CITY-ST-ZIP			CITY-ST-ZIP		DO NOT WRI		
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TREET ADDRESS			STREET ADDRESS			•	
SITY-ST-ZIP			CfTY-ST-ZIP				
<ol> <li>I hereby c indicated limited liat</li> </ol>	certify that the information supplied with on this report is true and accurate and bility company or the receiver or tructed	this filing does not qualify for the that my signature shall have the empowered to execute this rep	e exemption stat same legal effectort as required b	ed in Section 119 ot as if made unde by Chapter 608, F	.07(3)(i), Florida Statutes. I further ce er oath; that I am a managing membo orida Statutes.	rtify that the information er or manager of the	