LIMITED LIABILITY COMPANY LINIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

FILED May 12, 2002 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE 2. Principal Paice of Business Suite, Apt. 4 etc. A. FEI Number Coy & State Afr. 5 etc. A. FEI Number Coy & State Afr. 5 etc. DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent Name LEVINE & Set Address of Current Registered Agent For Registered Registered Agent Name Levine & Set Address of Current Registered Agent Name Levine & Set Address of Current Registered Agent Name Levine & Set Address of Current Registered Agent Name Levine & Set Address of Current Registered Agent Name Levine & Set Address of Current Registered Agent Name Levine & Set Address of Current Registered Agent Name Levine & Set Address of Current Registered Agent Name Levine & Set Address of Current Registered Agent Name Levine & Set Address of Current Registered Agent Name Levine & Set Address of Current Registered Agent Name Levine & Set Address of Current Registered Agent Name Levine & Set Address of Current Registered Agent Name Levine & Set Address of Current Registered Agent Name Levine & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Name Court & Set Address of Current Registered Agent Nam	DOC 1. Entity N	UMENT # LOI FRED C	0000 2 . WE1S.	2511 BERGU	05-12-2002 905	88 018 ****50.00
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Applied For	City & St	A - 106	L A	MB		
DO NOT WRITE IN THIS SPACE IN THIS SPACE The above named entity submits this solement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Symbol 1 A 300 D L VALVE IS TY ON UE Cry T LAVE NOTE TO DO NOT WRITE Symbol 1 A 300 D L VALVE NOTE ON UE Cry T LAVE NOTE TO DO NOT WRITE Symbol 1 A 300 D L VALVE NOTE ON UE Cry T LAVE NOTE STATE ON UE Cry T LAVE NOTE STATE ON UE SIGNATURE Symbol 1 A 300 D L VALVE NOTE ON UE Cry T LAVE NOTE TO DO NOT UE THE Symbol 1 A 300 D L VALVE NOTE ON UE STATE ADDRESS OF THE A 10 L 4 300 D L VALVE NOTE ON UE SIRET ADDRESS OF THE A 10 L 4 300 D L VALVE NOTE ON UE THE MAKE SIRET ADDRESS OF THE A 10 L 4 300 D L VALVE NOTE ON UE THE MAKE SIRET ADDRESS OF THE A 10 L 4 300 D L VALVE NOTE ON UE THE MAKE SIRET ADDRESS OF THE A 10 L 4 300 D L VALVE NOTE ON UE THE MAKE SIRET ADDRESS OF THE A 10 L 4 300 D L VALVE NOTE ON UE THE MAKE SIRET ADDRESS OF THE A 10 L 4 300 D L VALVE NOTE ON UE THE MAKE SIRET ADDRESS OF THE A 10 L 4 300 D L VALVE NOTE ON UE THE MAKE SIRET ADDRESS OF THE MORE SOON UNDER THE MAKE SIRET ADDRESS OF THE MORE S		Bauderdale FL Bassi Country		Country		Not Applicable \$5.00 Additional
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			I title if applicable.	EE IS \$50.00	ed agent, or both, in the State of Florida. DATE	
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STREET ADDRESS CITY- ST- ZIP 11. I hereby certify that the information supplied with this filling does pot qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information limited liability company or the receptor or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.	STREET ADDRESS CITY-ST-ZIP	tify that the information supplied with this f	iling does off qualify face	NAME STREET ADDRESS CITY - ST - ZIP		