LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

STF FL32519F.1

FILED Apr 18, 2003 8:00 am Secretary of State

DOCUMENT # LO1000022562 1. Entity Name					04-18-2003 90076 050 ****50.00		
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2. Principal Place of Business 3. Mailing Address					ļ		
18957 SE LOXAHATCHEE SAME Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			205
RIVER ROAD							4CE
City & State City & State					4. FEI Number Applied For 8 0 - 0 0 2 5 0 6 3 Not Applicable		
Zip	PITER, FL p Country Zip I			Untry		\$ <u>.</u>	5.00 Additional
33458	USA ~	:		<u> </u>	5. Certificate of Status Desired	Fe	e Required -
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				Name CONSTANCE G. LEONE			
	•		Street Address (P.O. Box Number is Not Acceptable) 18957 SE LOXAHATCHEE RIVER ROAD				
10937 SE EOXAHATCHEE RIVER ROAD							
		* - The second second	****	City	·	<u> </u>	Zip Code
		rs e e e e e e e e e e e e e e e e e e e	.: <u>-</u> :: .: .	JUPITER	<u> </u>	FL	33458
8. 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. The control of the							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE							
FEE IS \$50.00							
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<u></u>			DUE BY	MAY 1	<u> </u>		
9. TITLE	MANAGER	S/MANAGERS	TITLE				
NAME	CONSTANCE G. LE	ONE	NAME		*		(12)
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11. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on Wis report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited lieb lity company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE:							