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

L02000000085

DOCUMENT#

1. Entity Name

## **FILED** Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90107 008 \*\*\*\*50.00

DO NOT WRITE IN THIS SPACE					}		
					947093		
2. Principal Place   80   5					DO NOT WRITE IN THIS SPACE		
City & State	rwater th				4. FEI NO	umber 0.5.53143	Applied For Not Applicable
33756	U.S.A.	Zip	Countr	у	<u> </u>	5. Certificate of Status Desired \$5.00 Additional Fee Required  7. Name and Address of Current Registered Agent	
					(P.O. Box Number is Not Acceptable)		
IN THIS SPACE				1801-A 5 frene Rd  City Clearus FL Zip Code 33256			
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.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							
FEE IS \$50.00  Make Check Payable to Department of State  DUE BY MAY 1  9. MANAGING MEMBERS/MANAGERS							
9. TITLE <b>P</b> I	sident + Managing MEMBE		TITLE				
NAME STREET ADDRESS 18	omes J. White	3256	NAME STREET CITY-S	TADDRESS ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The magnificant control of the contr		ADDRESS ST-ZIP	. <del>2020</del> - <del>2000</del>	DO NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			TITLE NAME STREET CITY-S	ADDRESS ST-ZIP		IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	TITLE NAME STREET CITY-S	T ADDRESS ST- ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			,
	that the information supplied with	this filing does not qualify for	or the exem	ption stated in S	ection 119.0	7(3)(i), Florida Statutes. I further	certify that the information

indicated on this 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE