2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2003 8:00 am Secretary of State

1. Entity Nar	MENT # LO20000 no NOLOGIES, LLC	00434				04-14-2003 902	234 031 ***	**50.00	
(ce of Business	Mailing Address			}				
1922 (LLINOIS AVE. NE		1922 ILLINOIS AVE. NË ST. PETERSBURG FL 33703		ļ	•				
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2. Principal Place of Business		3. Mailing Address				EDIN DANK TARIE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERÈ IF MAKING CHANGES					
City & State		City & State			4. FEI Num	ber -0024679		pplied For lot Applicable	
Zip Country		Zip	Country		T	ite of Status Desired	\$5.00 Ad Fee Require	Iditional	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name a	nd Address of New Registers			
- F-&	L'CORP.		-	Name	 				· .
200 LAURA STREET NORTH THIRD FLOOR				Street Address (s (P.O. Box Number is Not Acceptable)				
	KSONVILLE FL 32202								}
	·			City		F	L Zip Coo	le	
	named entity submits this statement id tions of registered agent.	or the purpose of changing its	register	ed office or register	red agent, or b	ooth, in the State of Florida. I a	m familiar with,	and accept	
SIGNATURE	Signature, typed or printed figure of registered agent	and title if applicable. (NOTE	: Premistere	d Agent signature required	(when reinstating)	CATE			
<u>_</u>				FEE IS \$50.00		 		· ·	l
	•	Make Check Payabl		orida Departmer ay 1, 2003	nt of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.	-		ADDITIONS/CHANGI	S		
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NAME	SASSARATH, JAY		NAM	- 1				ļ	٤
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NAME	FRIES, DAVID		NAM	•				1	Ü
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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 this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

4/9/03

522-0334

Daytime Phone #