FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90407 019 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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COHEN, MARK CPA 1772 ETRAFALGAR CIR HOLLYWOOD, FL 33020 City FL Zip Code B. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the Addition of Florida, I am familiar with, and accept the Addition of Florida, I am familiar with, and accept the Addition of Florida, I am familiar with, and accept the Addition of Florida, I am familiar with, and accept the Addition of Florida, I am familiar with an am familiar with an am familiar and accurate and the intermitted in Section 110-07(3V). Florida Stateds, I further certify that the Information into the or this report is true and accurate and that my signature shall have the same legal effect as a mass under out, that I am a managing member or manager of the intermited is allowed.	3 30			USA			Fee Requi	red	\dashv
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A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, repeated primited remain of engineered agent and adults it as accesses. OCTSF Requirement Automatical agent or or State.	1772 E TRA	FALGAR ÇIR		Street Ado	dress (P.O. Box Num	ber is Not Acceptable)			- - -
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