2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2003 8:00 am Secretary of State

1. Entity Nam	MENT # L02000 PRINERS INVESTMENTS, LI					(04-08-20	9003 9002	24 003 ***	**50.00		
Principal Plac	ce of Business	Mailing Address										
32819 WOLF T	RAIL	P.O. BOX 633										•
SORRENTO FL 32776		EUSTIS FL 32727-0633	EUSTIS FL 32727-0633									
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				<u>-</u> []•¢⊭	ECK:HERE	HR:MAKIN	O-CHANGES	}=	
City & State		City & State	City & State			4. FEI Num	1ber 359	0030	حم	————	pplied For lot Applicable	ā
Zip	Country	Zip	Zip Cour							5.00 Additional se Required		
6. Name and Address of Current I		ent Registered Agent	gistered Agent			7. Name a	nd Addre	sa of New	Registered			-
enc	OCI-O-I ITHEOA-D-A-		وست حريد	Name					. د د د دوده	_ +		7
	GEL & UTRERA, P.A. D SW 22ND ST.		Street Addre			(P.O. Box Number is Not Acceptable)						1
	FLOOR .								<u> </u>			4
MIAI	MI FL 33145											
				City					FI	Zip Cod	ie	
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 the obligations of registered agent,										and accept	1	
SIGNATURE -	Signature, typed or printed hame of registered ag	TE: Registere	ed Agent eignati	ure required who	en reinstating)		. <u>-</u> .	DATE				
	<u> </u>	IOW!!!	FEE IS \$	50.00		-					1	
		Make Check Payal	ol o to Fl	orida De	partinent	of State						1
_		Di	је Ву М	lay 1, 2003	3							
9.		BERS/MANAGERS	10.					DDITIONS	/CHANGE] <u>~</u>
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STREET ADORESS CITY-ST-ZIP				ET ADORESS -ST-ZIP								
11. I hereby c	ertify that the information supplied you this report is true and accurate and information or the receiver or t	in this filing does not qualify for not that my signature shall have	r the exer	motion state	ed in Section	n 119.07(3 e under oat)(i), Florida	a Statutes.	further cer	tily that the in	formation r of the	
limited liab	citity company or the receiver or free	tee empowered to execute this	report as	required by	y Chapter 6	508, Florida 	Statutes,	.17		_		
SIGNATI	URE. X STOWN	WHE PEOU	G	වගල්	f . H .	ulk	x 1	113103	ን (:	352)73	52237	1
	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, MA	HAGER, OR	AUTHORIZED	REPRESENTAT	TVE	Date			aytime Phone #		
												•