

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90066 003 ****55.00

DOCUMENT # L02000002108



1. Entity Name
PROMO ONLY ELITE, LLC

Principal Place of Business

**257 LAKE DESTINY DRIVE
ORLANDO FL 32810**

Mailing Address

**257 LAKE DESTINY DRIVE
ORLANDO FL 32810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0588195

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORHT ORANGE AVE. SUITE 1100
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

RUSSELL ROBINSON

Street Address (P.O. Box Number is Not Acceptable)

257 S. Lake Destiny Dr

City

Orlando

FL

Zip Code

32810

8. The above named entity admits 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.

SIGNATURE

Signature typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **RUSSELL ROBINSON**
STREET ADDRESS **257 S. Lake Destiny Dr.**
CITY-ST-ZIP **Orlando, FL 32810** **Pres - Member**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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 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

RUSSELL ROBINSON
Russell Robinson

2-11-03

Date

407-331-3600

Daytime Phone #

CR2E083 (10/02)