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

SIGNATURE:

FILED Apr 05, 2005 8:00 am Secretary of State

	Tin Ortin Boom		· (0 - · ·)	 04-05-	2005 90007 048	3 ****50.00	
DOCUN 1. Entity Na	MENT # LOZO	00003299					
NELSON SC	HWENT, L.L.C. c/o M	ICHAEL L. NELSON	N				
Talkan to	一个一个一个一个一个			PAR			
	DO NOT WRITI	E IN THIS SP	2	20026603			
Principal Place of Business 1120 SE 32ND STREET		3. Mailing Address					
Suite, Apt. #, etc		Suite, Apt. #, etc.		DO NOT	DO NOT WRITE IN THIS SPACE		
City & State CAPE CORAL, FL		City & State		4. FEI Number 45-0462949			
Zip 33904	Country LEE	Zip	Country	5. Certificate of Status	Desired L Fe	5.00 Additional ee Required	
	"一个人 "			7. Name and Address	of Current Regist	ered Agent	
Name MICHAEL L. NI				NELCON	IEI CON		
					io Not Assert-	hlo)	
DO NOT WRITE Street Address 1120 SE 32ND				Iress (P.O. Box Number	is Not Accepta	UB)	
	IN THIS SP	ACE	1120 SE 32	ND GINEE!			
						<u></u>	
145.5% (1.5) 145.5% (1.5)			City		F* 6	Zip Code	
र्रे १५ के स्वीत्री ^{क्र} ि			CAPE COR			33904	
8. The abo	ve named entity submits t	his statement for the	purpose of changin	ig its registered office o	r registered age	nt, or both,	
in the St	ate of Florida. I am familia	ar with, and accept th	ne obligations of regi	stered agent.			
	·+						
SIGNATURE			MICHAEL L. NE				
	Signature, typed or printe	ed name of registere	ed agent and title if a	pplicable.		DATE	
7.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		FEE IS \$50.00				
		Make Che	ck Payable to Departmen	t of State			
r.	1.		DUE BY MAY				
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9.	MANAGING MEMBERS	/MANAGERS	25545.25346.2548	11 7-33-2236 (1953-2234)		Made Tooler Rouger Inc.	
TITLE	MAMAGING MEMBER		335				
NAME	MICHAEL L. NELSON		NAME TO SERVICE TO				
STREET ADDRESS	1120 SE 32ND STREET		STREET ADDRESS				
CITY-ST-ZIP CAPE CORAL FL 33904			CITY ST-ZIP 191		ATTENDED OF THE PARTY OF THE	POST Section	
TITLE NAME	MANAGING MEMBER DEBRA A. NELSON				200 ON 1255	Mark Control	
STREET ADDRESS			STREET ADDRESS				
C!TY-ST-ZIP	CAPE CORAL FL 3390		CITY-ST-ZIP SCOUNT			100	
TITLE	MANAGING MEMBER		miles/Carrier		Service of the servic	Sex Control	
NAME	TIMOTHY J. SCHWENT		NAME TO A		er beight med til kream i a komiseterk sikang		
STREET ADDRESS	268 CHESTNUT LANE		STREET AUDRESS X 1877		A STATE OF THE		
CITY-ST-ZIP	JACKSON, MO. 63755		CITY-ST-ZIR		OT WRIT		
TITLE	MANAGING MEMBER	-		AND THE PROPERTY OF THE	IIS SPACI	ERROTANNI	
NAME	PATRICIA A. SCHWENT	Ţ.		er and a second			
SYREET ADDRESS	268 CHESTNUT LANE		STREET ADDRESS				
CITY-ST-ZIP	JACKSON, MO 63755		JITEON AND THE	THE RESIDENCE OF THE PARTY OF T			
NAME			公司 经公司 化多子烷 医皮	A STANFAR	Control of the Contro		
STREET ADDRESS			STREET ADDRESS			7.5	
CITY-ST-ZIP	1		CITY ST-ZIP		THE ROOM SECTION OF THE PARTY OF THE	140	
TITLE			TOLE SALES TO			A Company of the Comp	
NAME			NAME		所是《 以 》(1964))。 第二章		
STREET ADDRESS	}		STREET AODRESS				
CITY-ST-ZIP	<u> </u>		CITY ST-ZIPA		223323		
information	rtify that the information supplied v indicated on this report is true and of the limited liability company or	d accurate and that my sign	nature shall have the same	legal effect as if made under	oath; that I am a mar		

TIMOTHY J. SCHWENT

2/26/2005

Date

573-243-3740

Daytime Phone #