FILED Apr 04, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBF	2003 LIMI	IIED LIABII	LIIY GUMPANI
	UNIFORM	BUSINESS	REPORT (UBR

DOCUMENT # L0200003324 1. Entity Name D.F. HEUCHAN, LLC					03-21-2003 90031 043 ****50.00					
Principal Place of Business Mailing Address			HANGAR	#R2						
		CLEARWATER FL 33765	1000 n. Hercules ave., Hangar #B2 Clearwater fl. 33765		}					
2. Principal F	Place of Business	3. Mailing Address	. Mailing Address			IBII BII OBIIB (IBII OBIIX ARIII I	isin Jani adar		CARLO BEAR SEAL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State		4. FEI Nun	nber 28 7719	,	—	Applied For Not Applicable		
Zip	Country	Zip Country		ntry	 	ate of Status Desired		5.00 A	dditional	7
<u> </u>	6. Name and Address of Current R	egistered Agent			7. Name e	nd Address of New Re				_
	ICHAN, BUZ			Name					·	
) n. Hercules ave., Hangar #B Arwater fl 33765	2		Street Address	Street Address (P.O. Box Number is Not Acceptable)					
CLE	ANIVAIEN PL 33/00	•						٠.		7
		•		City			FL	Zip Co	de	7
	named entity submits this statement for litions of registered agent.	the purpose of changing its	register	ed office or register	ed agent, or t	ooth, in the State of Flori	ida. I am far	niliar with	, and accept	7
,•	ions of registered agent.						·			
SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOT	E: Registere	d Agent signature required	when reinstaing)		DATE			4
,				FEE IS \$50.00	nt of Chain					
		Make Check Payabl		orida Departine ay 1, 2003	nt or State					ľ
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/C	HANGES			Ⅎ₋
TITLE NAME	BUE HENCHIN	☐ Delete	TITL					Change	Addition	0/05
STREET ADDRESS	1000 N. HEXCUS	y hic #BI	nam Stre	ET ADDRESS						2
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CITY-ST-ZIP	•			et address St-Zip						
11. I hereby c indicated limited liab	ertify that the information sufficied with the on this report is true inductional traction and the original or trustee end the original or trustee end the original or trustee end to be original orig	is filing does not qualify for at my signature shall have t mpowered to execute this r	the exer the same report as	mption stated in Sec legal effect as if m required by Chapte	ation 119.07(3 ade under dat er 608, Florida	(i), Florida Statutes. I fu h; that I am a managin Statutes.	urther certify g member o	that the i	nformation er of the	

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DIGITAL DISTRICT CONTROL OF SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE