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

DOCUMENT # L0200003350



FILED Mar 24, 2003 8:00 am Secretary of State

•	DO NOT WRIT	3. Mailing Address	PACE		
5600 Suite, Apt	STATE ROAD 524	PO BOX 321534 Suite, Apt. #, etc.		DO NOT WRITE IN	I THIS SPACE
City & Sta	nte	COCOA BEACH		4. 'FEI Number	Applied For
COCO. Zip	Country	Zip Zip	FL Country	74-3027600	Not Applicable \$5.00 Additional
3292	6 🔮 USA	32932-1534	USA	S. Certificate of Status Desired Name and Address of Current Reg	Fee Required
	DO NOT V IN THIS S		Street Address 930 S. H	ARY B FRESE s (P.O. Box Number is Not Acceptable) ARBOR CITY BLVD, SUIT	E 505
9 The show			MELBOURN		FL 32889
the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its re	egistered office or regist	tered agent, or both, in the State of Florida.	. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.		•	DATE
		Make Check Payable	Commence of the second	ent of State	Control of the second of the s
			Cartification of all printed on a "declarated was allowed to		
	MANAGING MEME	BERS/MANAGERS	TITLE		
9. Title Name Street address City-St-Zip	MGRM PARSONS, WILLIAM R 930 S. HARBOR CITY	BLVD, SUITE 505	TITLE NAME STREET ADDRESS: CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	MGRM PARSONS, WILLIAM R	BLVD, SUITE 505	NAME STREET ADDRESS		
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