## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 11, 2003 8:00 am Secretary of State

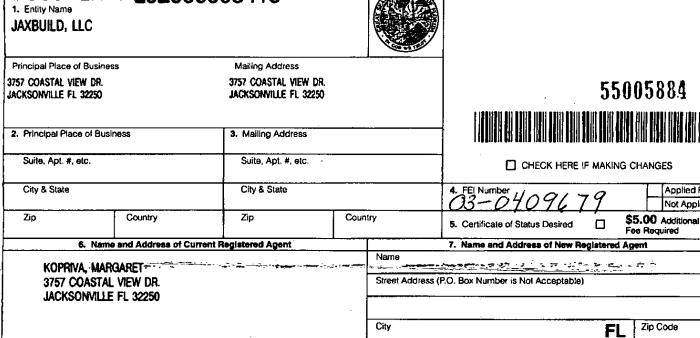
Applied For

Not Applicable

01-15-2003 90052 029 \*\*\*\*50.00

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## DOCUMENT # L02000003419



Zip Code 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 accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 MGRM (10/02)☐ Delete TITLE TITLE ☐ Change ☐ Addition KOPRIVA, MARGARET NAME ÷.,• STREET ADDRESS 3757 COASTAL VIEW DR. STREET ADDRESS CATY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32250 MGRM TITLE ☐ Delete ☐ Addition TITLE ☐ Change AZZARELLO, RUSS NAME NAME STREET ADDRESS 272 GORDON ROAD STREET ADDRESS CITY-ST-ZIP MATTAWAN NJ 07747 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP