

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REGISTRATION STATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000004185

1. Limited Liability Company's Name

CANTERBURY LANE PARTNERS, LLC

2. Principal Office Address

1250 Skipper Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

1250 Skipper Rd.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33613

Country

USA

Zip

33613

Country

USA

4. State/Country of Formation

FLA.

5. Date Organized or Qualified To Do Business in Florida

2/21/02

6. FEI Number

20-0142965

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Debra Marchman

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

1250 Skipper Rd.

Suite, Apt. #, E.c.

#30

City

TAMPA

State

FL

Zip Code

33613

300024339093

10/31/03 01079 021 \*155.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/23/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
member	MAYER ORGEL	1455-49 St. Apt. 3F	Bklyn, N.Y. 11219

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this statement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owing by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

*[Signature]*

Date 10/23/03

Daytime Phone # 718-437-9315

Typed or printed name of signing Managing Member/Manager

MAYER ORGEL