2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200005513

1. Entity Name

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FILED
Apr 15, 2003 8:00 am
Secretary of State
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Principal Place	of Business	,	Maili	ing Address								
737 PINE CONE AVE CLEWISTON FL 33440			BOX 2338 ISTON FL 33440					•				
OLLWISTON FL	55440		OLEN	1310N FL 33440			1180	IRMIN MAL MANIA ANDRI ANDRI	Navie Ballic Bacic H	Mana Arida marda	((100 0)(() (100)	
2. Principal Pla	ace of Busine	ss	3. Ma	ailing Address	<u>-</u>	<u> </u>						
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Suite, Apt. #	f, etc.		Sui	ite, Apt. #, etc.				CHECK HE	RE IF MAKIN	g Change	S	
City & State	!	al I	Cit	y & State		 -	4. FEI Nui	mber 304925			Applied For Not Applicable	
Zip		Country	Zip)	Country	, - ,		ate of Status Desire	d ¥	\$5.00 A	dditional	
	6 Name s	nd Address of C	urrent Register	red Agent -			- 7. Name s	and Address of Ne	w Registered	Fee Requi	rea	
			direit riegiste.	ou Agent		Name	1. (10.110.)	and Address of the	ir riegisteres	Agoin .		
417 V	N SUGARLA				-	Street Addre	ess (P.O. Box Nur	mber is Not Accepte	able)			
CLEW	VISTON FL	33440										
					<u></u>	City			FI	Zip Co	de	
8. The above r	named entity:	submits this state	ment for the nur	pose of changing it	ts registered	office or rea	istered agent, or	both, in the State of		<u></u>	n, and accept	
	ons of register			,				,				
SIGNATURE _		1										
5	Signature, typed or	printed name of register	ed agent and title if ap	oplicable. (NC	TE: Registered Ag	gent signature rec	quired when reinstating		DATE			
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JRE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/7/03

863-902-1189

Daytime Phone #