2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State

04-16-2003 90029 035 ****50.00

Principal Place of Business 68 FIESTA WAY FT. LAUDERDALE FL 33301 2. Principal Place of Business Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State Country Zip Country Zip Country S. Cartificate of Status Desired 8. Name and Address of Gurrent Registered Agent THIES, WILLIAM F JR. 68 FIESTA WAY FT. LAUDERDALE FL 33301 Street Address (P.O. Box Number is Not Acceptable) 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	1. Entity Na	JMENT # LO2000(S DEVELOPMENT, LLC	005667					U4-16-2U			50.00	
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Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required 8. Name and Address of Gurrent Registered Agent 7. Name and Address of New Registered Agent	City & Sti	ate	City & State								٦	
S. Cartificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THIES, WILLIAM F JR. 88 FIESTA WAY FT. LAUDERDALE FL 33301 City City FL 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 SIGNATURE Signature, typed or printed name of registered agent and little if appacitive. (NOTE: Registered Agent alguages required when rentaining) DATE FILE NOW III FEE IS \$50.00 Make Check Payable to Florida Department of State		·····		Zip Country			75	-3043		N	ot Applicabl	€
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11. Thereby certify that the information supplied with this filling 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.	indicated	tion this report is true and accurate and	that my signature shall have t	the same	legal effec	ct as if ma	de under oat	th; that I am a mana	. I further certify aging member	y that the ir or manage	nformation r of the	