2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200005963

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

MASTERSON HOLDINGS, LLC



FILED Feb 18, 2003 8:00 am Secretary of State

02-18-2003 90324 012 ****50.00



Principal Pla			We the	>		
· · · · · · · · · · · · · · · · · · ·	ice of Business	Mailing Address		-		
500 NORTH GULPH ROAD		500 NORTH GULPH RO	DAD			
KING OF PRI	USSIA PA 19406	KING OF PRUSSIA PA				
0.00						. 1 011 1011 1011
	Place of Business	3. Mailing Address				
9 East Main Street Suite, Apt. #, etc.		9 East Main Street			# 151	0 01100 1111 130 1
Suite 20	-	Suite, Apt. #, etc.		X) CHECK HERE	E IF MAKING CHANGE	s
City & Sta		Suite 200				O
Mooresto		City & State		4. FEI Number		Applied For
Zip	Country	Moorestown,	Country	04-3735434		Vot Applicat
08057	USA	08057	USA	5. Certificate of Status Desired	□ \$5.00 A	dditional
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New I	Fee Requir	red
			Name	7. Name and Address of New I	Registered Agent	
	LCOMB, VICTOR A ESQ			<u></u>	s	
	SOUTH TAMPANIA AVE., STE. 2	200 .	Street Addres	s (P.O. Box Number is Not Acceptable)		
IAN	MPA FL 33609					
			City		Zip Coo	de
8. The above	named entity submits this statement	for the purpose of changing	itei-l	stered agent, or both, in the State of Flo		
the obligat	ions of registered agent.	review perpende or criainging (its registered office or regis	stered agent, or both, in the State of Flo	orida. I am familiar with	, and accep
CICNIATURE						
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable (NC	OTE: Registered Agent signature requ			
		· · · · · · · · · · · · · · · · · · ·			DATE	
,		FILE	OW!!! FEE IS \$50.0	0		
n		Make Check Payal	ble to Florida Departn	nent of State		
		Di	ue By May 1, 2003			
9.	MANAGING MEMB	ED0 (114111 0575				
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NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #