2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/4/

FILED Apr 09, 2003 8:00 am Secretary of State

DOCUMENT # L0200008506 1. Entity Name QUEEN PARK FINANCING, LLC							03-04-2003	3 90157 025 *	
Principal Place of Business Mailing Address 13180 NORTH CLEVELAND AVENUE STE. 111 13180 NORTH CLEVELAND AVENUE STE. 111 NORTH FORT MYERS FL 33903 NORTH FORT MYERS FL 3390				STE. 111					
605 2. Principal (Mirror Lakes Dr. Place of Business	605 Mitter 3. Mailing Address	605 Mittor Lakes Dr. 3. Mailing Address						
Suite, Apt.		Suita, Apt. #, etc:					CHECK HERE IF MA		
City & State	ich Acres/FL	City & State LEHIGH A Zip	T	<u> </u>	7.	4. FEI Nun	<u>03-0426</u> z	2 <i>84</i> N	Applied For Not Applicable
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DU/	NCAN, GORDON R ESQ	A STATE OF THE STA		Name_					
DUN	NCAN & TARDIF, P.A.		·	Street /	Address (F	P.O. Box Nun	mber is Not Acceptable)	<u></u>	
1601	01 JACKSON ST., STE. 101 MYERS FL 33901		J	 				·	
*	MTERO FL 33901			City				FL Zip Cod	de
8. The above	re named entity submits this statement for ations of registered agent.	the purpose of changing its r	registere	ad office o	r registere	ed agent, or)			, and accept
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S GNATURE .	Signature, typed or printed name of registered agent an	nd the if applicable. (NOTE:	≟ Registered	J Agent signal	Jure required v	i when reinstating)	r	DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003									
9.	MANAGING MEMBER		e By Ma: 10.	y 1, eu			ADDITIONS/CHAN		·
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11. Lhereby ce	the the information europlied with t	The day of quality for	CITY-S			** - 410.07/1	To Other I forther	Walter State of the State of th	
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 true empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNAT		UBERICE ZUIF	2120	inag	<u>ser</u>		2/28/03		
	SIGNATURE AND TYPED OR PRINTED NAME OF SI	AGNING MANAGING MEMBER, MARAF	GER, OR A	UTHORIZEDF	REPRESENT/	ATIVE	Date /	Daytime Phone #	