2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 17, 2003 8:00 am Secretary of State 01-29-2003 90050 022 ****50.00

Principal Place of Business 3481 S.W. CENTRE COURT PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANG City & State City & State Country Zip Country S. Certificate of Status Desired Foe Rec 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIACHINO, FERNANDO M C/O WARNER, FOX, WACKEEN, DUNGEY, SEELEY, 1100 SOUTH FEDERAL HIGHWAY STUART FL 34994 Street Address (P.O. Box Number is Not Acceptable) 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar view the obligations of registered agent and the it applicable. (NOTE Registered Agent signature required when rematary) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	Applied For Not Applicable
PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country 5. Certificate of Status Desired Foo Rec Foo Rec GIACHINO, FERNANDO M C/O WARNER, FOX, WACKEEN, DUNGEY, SEELEY, 1100 SOUTH FEDERAL HIGHWAY STUART FL 34994 City Street Address (P.O. Box Number is Not Acceptable) City TL The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent alignature required when remarkshing) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State	Applied For Not Applicable
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Dad Dy Indy 15 CVVV	;
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES	
TITLE MGCM Delete TITLE Char NAME DAVID M. GLEMER NAME STREET ADDRESS 3481 SW CENTRE COURT STREET ADDRESS	e Addition
CITY-ST-ZIP TITLE MGR BETH R. GLENER STREET ADDRESS CITY-ST-ZIP PALM CLTY, FL 34990 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	e Addition
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TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 certification is stated in Section 119.07(3)(i). Florida Statutes. I further certify that the certification is certification.	Addition