2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)



FILED Feb 05, 2003 8:00 am Secretary of State

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6. Name and Address of Current Registered Agent ARJOON, ROXANNA 11290 NW 48 TERRACE MAMI FL 33178 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 acceptable of the obligations of registered agent. Signature Signature, typed or printed refined or registered agent and total applicable. WARE Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS TITLE NAME Delete TITLE NAME Change Additess TRETADORESS TITLE NAME Change Additess TITLE NAME Change Additess Change Additess Change Additess TITLE NAME Change Additess Change Ad	$\frac{1}{2}$
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11. Thereby 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR POSTEED NAME OF SIGNING MANAGENG MEMBER, OR AUTHORIZED REPRESENTATIVE Date Deputing Prop 6	