LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # L02000011603 2003 DEC -4 AM 8: 4, 1. Entity Name DIVIDION OF CORPORATIONS TEEKOY INVESTMENTS LLC ALLAHASSEE, FI ORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 5238 NE 6 AVE 52<u>38 NE 6 AVE</u> Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 26 B Applied For City & State City & State 4. FEI Number Not Applicable OAKLAND PARK OAKLAND PARK FI 04-3678321 Country Country Zip \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 33334 BROWARD 33334 7. Name and Address of Current Registered Agent ---MARY JOSEPH-INC DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable IN THIS SPACE 5238 NE 6 AVE. # 26B Zip Code OAKLAND PARK 33334 8. The above named entity submit 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 SIGNATURE FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 CR2E083B (12/02) TITLE TITLE NG6 AVE # 263 NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **800023863678** 10/16/03-01088-007 **150.00 TITLE TITLE NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE MAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP: TITLE

11. I hereby 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.

STREET ADDRESS

CITY-ST-77P

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

SIGNATURE AND TYPHED OR PRINCED NAME OF SIGNING MANAGING MEMBER, MANAGOR, OR AUTHORIZED REPRESENTATIVE

Date Date Dayline Prone #



Homeland Realty of South Florida Inc.

BROWARD OFFICE (CORPORATE): 6053 Miramar Parkway, Hollywood, FL 33023. Phone: 954-983-3497, Fax: 954-983-1535

MIAMI DADE OFFICE (BRANCH):

505A N.E. 125 Street, North Miami, FL 33161. Phone: 305-895-5938, Fax: 305-895-7292

October 13/2003

TO:

DIVISION OF CORPORATION REINSTATEMENT DEPT.

Doc: L02000011603

TO WHOM IT MAY CONCERN

I open this business in 05/14/2002. I didn't never receive a formal form from your office for renewal.

I attach \$150 for renewal fee (this is as per my telephone conversation).

Sincerely

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