## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2003 8:00 am Secretary of State 03-24-2003 90020 002 \*\*\*\*50.00

Principal Place of Business 28 NORTH DUNA STREET TRANSPORE F 1 2001  2. Principal Place of Business 29 NORTH DUNA STREET TRANSPORE F 1 2001  2. Principal Place of Business 3. Mailing Address P. O. BOX 13633  Suite, Apr. II. Business 20 NORTH DUNA STREET TRANSPORE F 1 2001  2. Principal Place of Business 3. Mailing Address P. O. BOX 13633  Suite, Apr. II. Business 3. Mailing Address P. O. BOX 13633  Suite, Apr. II. Business 3. Mailing Address P. O. BOX 13633  Suite, Apr. II. Business 3. Mailing Address P. O. Box Apr. II. Business 3. Mailing Address P. O. Box Apr. II. Business 3. Mailing Address P. O. Box Apr. II. Business 3. Mailing Address P. O. Box Apr. II. Business 3. Mailing Address P. O. Box Apr. II. Business 3. Mailing Address P. O. Box Apr. II. Business 3. Mailing Address P. O. Box Apr. II. Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address P. O. Box Apr. II. Business 3. Mailing Address 3. M	1. Entity Nan	MEN I # LO2000 K AVENUE, L.L.C.	11657				05 <b>2 1 2</b> 00.	, , , , , , , , , , , , , , , , , , ,	302	50.00	
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Solie, Apt. e. III.  City & State  Coy & State  TALLAHASSER, FL. 32317  A FEI Number 45-0478204  Intervention of State Debate of Fee Required  Fee Required  Fee Required  Fee Required  For Required Apent  City & State Country  Fee Required  For Required Apent  City & State Solie				T				••••••••••••••••••••••••••••••••••••••			
Suite, Apt. #, etc.    Cuty & State	2, Principal F	Place of Business	T -							. [ ] [ ] <b>] ] ] ] ] ] ]</b> [ ] ] ] ] <b>] ] ] ] ] ] ] ] ] ] ] ] ] ] ]</b>	
TALLAHASSEE, FT. 32317	- Suite, Apt.	#, etc.		,,,,		-	CHECK HERE I	F MAKING	CHANGES		
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S.S.00 Adoptional Fragilitations   S.S.00	City & State										
Size Address of Current Registered Agent  INDSY, WM. SCOTT 1407 PIEDMONT DRIVE EAST TALLAHASSEE FL 32312  City FL Zip Code  8. The above named onlity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent.  SIGNATURE  SUBMAN, report or present agent agent agent agent agent agent agent agent.  PACE TRANSPORT OF THE TRANSPORT	Zip	l '	·		try	5. Certifica	ate of Status Desired		5.00 Ad	ditional	
LINDSEY, WM. SCOTT 1407 PIEDMONT DRIVE EAST TALLAHASSEE FL 32312  City FL Zip Code			egistered Agent								$\dashv$
Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FL 32312  City FL Zip Code  8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Forlida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forlida. I am familiar with, and accept the state of Forlida agent.    STEEL NOW!!! FEE IS \$50.00   Make Check Popyable to Florida Department of State	- 111				Name			·			7
E. The above ramed onlity submits his statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of Rorida agent, or both, in the State of Rorida. I am lamiliar with, and accept the state agent, or both, in the State of Rorida.    International Companies of Rorida agent	1407	PIEDMONT DRIVE EAST			Street Address	(P.O. Box Nurr	ber is Not Acceptable)			<del>-</del>	
R. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symbol   Symb	IAU	LAMASSEE FL 32312						· · · · · · · · · · · · · · · · · · ·			]
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Syntamen, ripode to private name of exposures again and time 1 applicates   PLE NOW!!! FEE IS \$50.00	-				, .	:					
Make Check Payable to Florida Department of State Due By May 1, 2003  10. ADDITIONS/CHANGES TITLE NAME NAME RUDNICK, JAMES M 228 NORTH DUVAL STREET SIRET ADDRESS OCHY-ST-2P TALLAHASSEE FL 32301  TITLE NAME SIRET ADDRESS CITY-ST-2P  TITLE Deele SIRET ADDRESS CITY-ST-2P  TITLE SIRET ADDRESS CITY-ST-2P  TI	GIGHAIDIL	Signature, typed or printed name of registered agent e	<del></del>		<del></del>	<del></del>		DATE			4
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MIGRIM RUNNICK, JAMES M NAME STREET ADDRESS CITY-ST-2P TALLAHASSEE FL 32301 CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STRE											
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