LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jul 03, 2003 8:00 am Secretary of State

							OI DUULU	
1. Entity Name	MENT # L-02000 57 MAGNUM CH			2003 90001 (015 ****55.00			
	DO NOT WRITE		PACE			Salah Sa	une .	
2. Principal Place of Business 3. Mailing Address 190 ST. CARLY.			ORIX AVE					
Suite Ant # etc. Suite Ant # etc.					DO NOT WRITE IN THIS SPACE			
CA	CAPE CANAVERAL COCOA		CH. FL					
City & State	"PORT" FL.	City & State		4. FEI Nu	mber 41-2100	890	Applied For Not Applicable	
^{zip} 329	20 Country	Zip 32931	Country U.S. A		cate of Status Desired	, _{ID} / \$5	.00 Additional Required	
<u> </u>	· waste				nd Address of Curre	ent Registered Aç	gent	
IN THIS SPACE					FFERY W. DELLENBERGER P.O. Box Number is Not Acceptable)			
				190 ST. CROIX AVE				
			City C	OCOA BO	H	FL	Zip Code 32931	
SIGNATURE -	Signature, typed or printed name of registered agent an	Make Check Payab	FEE IS \$50.00 ble to Florida Dep DUE BY MAY 1	partment of State	3	DATE		
9.	MANAGING MEMBER			1	<u> </u>			
TITLE , NAME STREET ADDRESS CITY-ST-ZIP TITLE	TIMOTHY B. P 45 DANUBE COCOA BCH DON S. HATLEY	RICHARD RIVER DA FI 32931 "MGRM"	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				CR2FB38 (1202)	
STREET ADDRESS	2612 Honsés Cocoa, Fi	THOE ET	STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CU2007, 77	36169	TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRIT	E	
TITLE TO NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>₹</i> ¥				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	***				
11. I hereby o	certify that the information supplied with to on this report is true and accurate and the bility company or the receiver or turbles	hat my signature shall have	r the exemption state the same legal effect	t as if made under	oath; that I am a mar	s. I further certify naging member of	that the information manager of the	