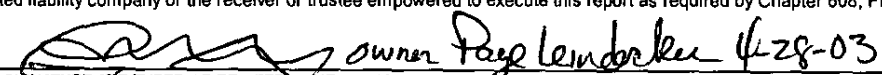


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 92167 039 ****50.00

DOCUMENT # L02000013008			
1. Entity Name FILTHY CLEAN CLEANING SERVICES, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 9291 NORTHLAKE PARKWAY Suite, Apt. #, etc.		3. Mailing Address 9291 NORTHLAKE PARKWAY Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32827	Country	Zip 32827	Country
		4. FEI Number 04-3677677	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name PAGE A LEINDECKER	
		Street Address (P.O. Box Number is Not Acceptable) 9291 NORTHLAKE PARKWAY	
		City ORLANDO	Zip Code FL 32827
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 accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.			
		FEE IS \$50.00	
		Make Check Payable to Florida Department of State	
		DUE BY MAY 1	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMR LEINDECKER, PAGE A 9291 NORTHLAKE PARKWAY ORLANDO, FL 32827	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEINDECKER, TOMAS G 9291 NORTHLAKE PARKWAY ORLANDO, FL 32827	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		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 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: 		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		owner Page Leindecker 4-28-03	8407852-1131

CR2E083B (12/02)