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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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DOCUMENT #L02000013413						FII FF	)		
•	ARTNERS, LLC			Country  Check Here IF Making Changes  Applied For Not Applicable					
Principal Place	- of Regions	Malling Address		O WE TO			.,		
1951 OVERSEAS AVERNIER FL 3	S HIGHWAY	Mailing Address 91951 OVERSEAS HIGHWI TAVERNIER FL 33070	91951 OVERSEAS HIGHWAY		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State		3. Mailing Address	3. Mailing Address Suite, Apt. #, etc.						
		Suite, Apt.,#, etc.			CHECK HERE IF MAKING CHANGES				
		City & State			4. FEI Num				
Zìp	Country	Zip	Count	try	5. Certifica	te of Status Desire	□ ×	\$5.00 Add	
	6. Name and Address of Curre	ent Registered Agent		Name	7. Name ar	nd Address of Nev	w Registere	d Agent	
	ron, Paul		Į	Name					
	1-OVERSEAS HIGHWAY RNIER FL 33070			Street Address	(P.O. Box Num	ber is Not Accepta	ible)		
				City	. <del>.</del>		F	Zip Cod	e
	named entity submits this statement	t for the purpose of changing i	its registered	d office or registe	ered agent, or b	oth, in the State of			and accept
the obligation	ons of registered agent.								
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	OTE: Registered	Agent signature require	ed when reinstating)		DATE		
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