## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORTATION

## FILED Apr 07, 2003 8:00 am Secretary of State

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1. Entity Nar	MENT # LO20000 OLDINGS, LLC	03-13-2003 90003 030 ****50.00							
Laur	OLDINGO, LEO		1						
Principal Place of Business Mailing Address			<del></del> ,- <del></del>						
9130 CYPRESS HOLLOW DRIVE PALM BEACH GARDENS FL 33418		9130 CYPRESS HOLLOW DRIVE PALM BEACH GARDENS FL 33418		:					
					1 124 (144) 4 (1 44) 4	. <b>1</b>	M HA LIN		
2. Principal Place of Business 848 Summerwood Drive		3. Mailing Address 848 Summerwood Drive							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State 'Jupiter, FL		City & State Jupiter, FL			4. FEI Number 01-072585	4	<del> </del>	polied For	
Zip 33458	Country B · USA	Zip 333458	Country		5. Certificate of Status	Desired	\$5.00 Ac		7
6: Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name								≢=	
FAIRCLOUGH, MICHAEL J				Day	id Shockle			.u au	≃ً [
11380-PROSPERITY_FARMS ROAD=			Street	Address (	O-Box Number is Not / Summerwoo	d Drive		•	-
PAL							7		
		•	City	Jut	oiter	F	L 3348	8	1
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 the obligations of registered agent.							<u> </u>	7	
SIGNATURE SIGNATURE								-	
Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent eignature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$50.00									
Make Check Payable to Florida Department of State  Due By May 1, 2003									
9.	- MANAGING MEMBER	S/MANAGERS	10.			DITIONS/CHANG			_ ل
TITLE NAME	Managing Partner	☐ Delete	TITLE NAME	Ma	naging Mem	ber	Change	Addition	10/01
STREET ADORESS	David Shockley	STREET ADDRESS	1	avid Shockley 48 Summerwood Drive					
CITY-ST-ZIP	848 Summerwood D Jupiter, FL 3345		CITY-ST-ZIP		piter, FL incipal	33458	Change	- Later	32E083
TITLE NAME	Partner James Ek	☐ Delete	TITLE NAME	Ja	mes Ek			☐ Addition	8
STREET ADDRESS CITY+ST-ZIP	9130 Cypress Hol	low Drive	STREET ADORESS CITY-ST-ZIP	91 Pa	30 Cypress	Hollow ardens,	Drive FL 334	18	
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STREET ADORESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP	]		:			
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

<del>Lignatue ind</del>quired SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNENG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Devtime Phone #