2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2003 8:00 am Secretary of State

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Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES	2. Principal	Place of Business	3. Mailing Address			-			
City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired Shou Applicate Fine Registered Agent 7. Name and Address of New Registered Agent CARLSON, DAVID LEE 8180 N.W. 88TH ST., SUITE 100 HALEAH FL 33166 City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.					
Zip	City & Sta	City & State	/ & State		4. FEI Number Applied For				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADDRESS (PO. Box Number is Not Acceptable) **Ref Address (PO. Box Number is Not Acceptable) **City** **City**	ZipCountry		Zip	Country					Not Applicab
CARLSON, DAVID LEE 8180 N.W. 38TH ST., SUITE 100 HIALEAH FL 33166 Line above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida. I ram familiar with, and accept the obligations of registered agent. City	<u>*</u>	6. Name and Addre	ess of Current Registered Agent			<u>!</u>		Fee Requ	ired
Street Address (PO. Box Number is Not Acceptable) City FL Zip Code I am familiar with, and accept in editions of registered agent, or both, in the State of Ronda. I am familiar with, and accept in exhibit agent agent and the design of registered agent, or both, in the State of Ronda. I am familiar with, and accept in the obligations of registered agent. CICNATURE CITY FL CITY F	CAF	RLSON, DAVID LEE_			Name				
B. 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	8180 N.W. 36TH ST., SUITE 100 HIALEAH FL 33166				Street Address (PO. Box Number is Not Acceptable)				
In the above named entity 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. In the obligation of regis					•			FI Zip Co	ode
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS MANAGERS TO. ADDITIONS/CHANGES CHANGE Delete MANE MANE MANE MANE MANE MANE MANE MANE							poth, in the State of Flor	rida. I am familiar with	n, and accept
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