2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019178

1. Entity Name



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90006 018 ****50.00

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City & State Country Country Country Country Country Country S. Certificate of Status Desired Status Address of New Registered Agent Name Status Address (P.O. Box Number is Not Acceptable) City FL Zip Codo Status Desired agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 SIER ADDRESS CITY ST. 2P Change Addition Make Check Payable to Florida Department of State Due By May 1, 2003 SIER ADDRESS CITY ST. 2P Change Addition Make Check Payable to Florida Department of State Due By May 1, 2003 SIER ADDRESS CITY ST. 2P Change Addition Make Check Payable to Florida Department of State Due By May 1, 2003 SIER ADDRESS CITY ST. 2P Change Addition Make Check Payable to Florida Department of State Due By May 1, 2003 SIER ADDRESS CITY ST. 3P Change Addition Make Check Payable to Florida Department of State Due By May 1, 2003 SIER ADDRESS CITY ST. 3P Change Addition Addit	Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	. CHECK HERE IF	MAKING CHANGE	:S
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S. Carlificate of Status Descred Substance of Status Descred See Regulated Report NORMAN, CHRISTOPHER H ESO. 315 SOUTH HYDE PARK AVE. HNES, NORMAN, HINES & SULLIVAN, P.L. TAMPA FL 33608 City FL Zip Code 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 toolligations of registered agent. SIGNATURE MARK Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS TO. ADDITIONS/CHANGES IN STEET ADDRESS IN STEEP MARK MARK MARK MARK MARK MARK MARK MAR	Zip	Country	Zip	Country			5d	
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Stroot Address (P.O. Box Number is Not Acceptable) Stroot Address (P.O. Box Number is Not Acceptable)			nt Registered Agent	Name	7. Name a	nd Address of New Regi	stered Agent	
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the

SIGNATURE:

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

Date