

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # L02000019407



C/O WILLIAM L. RAFFERTY, JR., ESQ.  
1401 BRICKELL AVE STE 825  
MIAMI, FL 33131

Suite, Apt. #, etc.  
Suite 100

CR2E083 (10/03)

Not Applicable

USA

☐ **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

FL

Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS
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10.	ADDITIONS/CHANGES
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TITLE	MGR	<input type="checkbox"/> Delete
NAME	ABU NABA'A, MUSTAFA	
STREET ADDRESS	3020 NORTH MILITARY TRAIL, SUITE 100	
CITY-ST-ZIP	BOCA RATON, FL 33431	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SERGEANT, HARRY III	
STREET ADDRESS	3020 NORTH MILITARY TRAIL, SUITE 100	
CITY - ST - ZIP	BOCA RATON, FL 33431	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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:**

, Harry Sargeant, III

4/23/04

(561) 999-9916

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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_