2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/1/2

FILED May 28, 2003 8:00 am Secretary of State

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1. Entity Nan	MENT PRELSIDE	# L0200002	20125					-		****50.00	
Principal Place of Business Mailing Address					· 	1	. ч	411112	714		
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109 n. Brush st. Suite 440			109 N. Brush St. Suite 440				•				
TAMPA FL 336	902		TAMPA FL 33602			; 	KAN SIL CAND HAN TONI DAN	1111 1111 1111	DI OTOR HUER	DI ni ing dini	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State		4. FEI Number Applied For Not Applicable					,,	
Zip		Country	Zip Cour		ntry	5. Certificate of Status Desired			iditional ad]	
6. Name and Address of Current Registered Agent						7. Name s	nd Address of New R	egistered A	gent		3
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109	BBY, CLARI N. BRUSH				Street Address	(P.O. Box Nurt	ber is Not Acceptable)	<u> </u>		1
	TE 440				ļ———						┥ .
TAMPA FL 33602									· ,	<u>, , , , , , , , , , , , , , , , , , , </u>	_
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8. The above the obligat	named entity tions of regist	submits this statement for tered agent.	he purpose of changing its	registere	ed office or registe	red agent, or t	ooth, in the State of Flor	ida. I am fa	miliar with,	and accept	7
CIONATI IDE											
SIGNATURE	Signature, typed	or printed name of registered egens and	l tille if applicable. (NOTE	Registerer	d Agent signature required	s when reinstating)		DATE			1
	-		FILE NO	WIII	FEE IS \$50.00		[1
Make Check Payable						nt of State					İ
many of logic					y 1, 2003		,				ļ
9. MANAGING MEMBERS/MANAGERS							ADDITIONS/	CHANGES			┨
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STREET ADDRESS					T ADDRESS .						

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SPACE PERENCE N

A OR AUTHORIZED REPRESENTATIVE Date

6/3/2240822