## AMENDED ITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

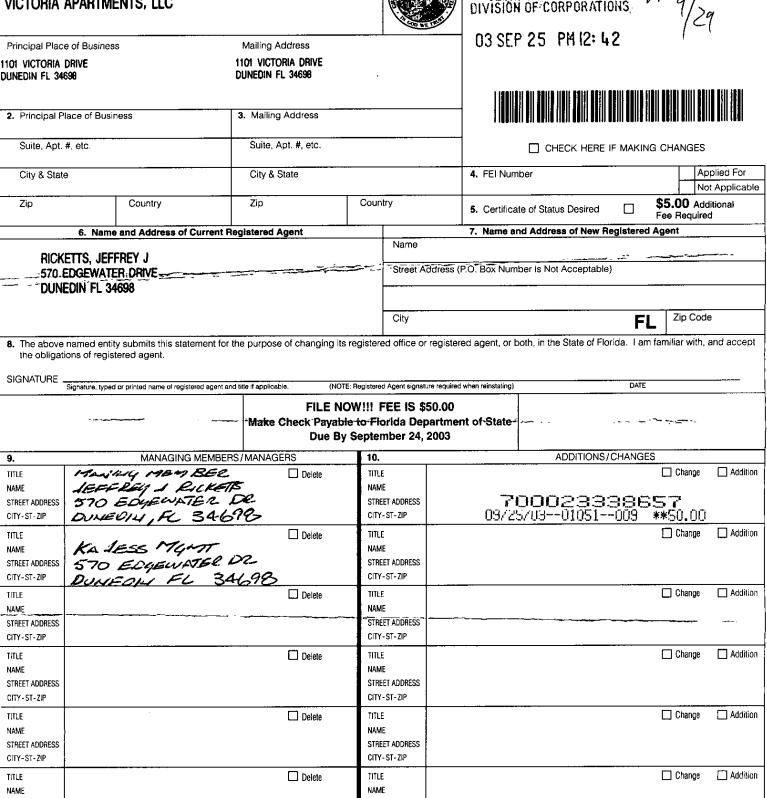
## DOCUMENT # L02000020506

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

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I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company of the

STREET ADDRESS

CITY-ST-ZIP

RIZED REPRESENTATIVE

Daytime Phone #