## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1 02000022197

## **FILED** May 21, 2003 8:00 am Secretary of State 04-30-2003 90171 036 \*\*\*\*50.00

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SATELLITE BEACH PL 2007  2. Principal Pince of Business  3. Making Address  Sulte, April #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  E. Certificate of Status Debtind  Face Required  Face Req	Principal Plac	e of Business	Mailing Address		44002046					
Sullo, Apt. 8, etc.    City & State   City & City & City & City & City & City & C										
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B. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  COLEMAN, CHRISTOPHER ;; ESQUIRE  1329 BEDFORD DRIVE, SUITE 1  MELBOURNE FL. 32940  CRY  CRY  FL. DP Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent.  Signature  Price in the chilipations of registered agent.  File Now!!! FEE IS \$50.00  Make Check Payabilite to Ffordida Department of State Due By May 1, 2003  MARIN CHRISTOPHER ; DRIVE CHRIST PERRY  MARIN CHRISTOPHER (1998)  MARIN CHRISTOP	City & State		City & State		4. FEI Nun	Number   Applied   Not Ap		<del></del>	3	
COLEMAN, CHRISTOPHER J ESQUIRE  1229 BEDFORD DRIVE, SUITE 1  MELBOURNE FL. 22940  CAY  CAY  FL. Zip Code  CAY  FL. Zip Code  CAY  FL. Zip Code  CAY  FL. North a basin or fregistered agent, or both, in the State of Ficida. I am familier with, and accept the obligations of registered agent.  SIGNATURE  MANAGING MEMBERS MANAGERS  FILE NOW III FEE IS \$50.00  Make Check Payable to Fiorida Department of State  Due By May 1, 2003  P. MANAGING MEMBERS MANAGERS  10. ADDITIONS/CHANGES  PREY MOREN  MOREN  ROBERT "CHRIS" PERRY  200 ALLAN LANE  STREET ADDRESS  CITY-ST-2P  THE  MARK	Zip	Country	Zip	Country	5. Certifica	ate of Status Desired	\$5.00 Ac Fee Requir	iditional ed	7	
COLEMAN, CHRISTOPHER & SOURE 1829 BEDFORD DRIVE, SUITE 1 MELBOURNE, FL. \$2940  City FL Zip Code  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 Fronda. I am familier with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEL IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  INIE NAME ROBERT CHRIST PERRY  MARK ROBERT CHRISTOPHER AGANAGERS  10. ADDITIONS/CHANGES  INIE NAME SIRET ADDRESS  CITY 51-79  INIE NAME STRET ADDRESS  CITY 51-79  INIE NAME STR		6. Name and Address of Curren	t Registered Agent							
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R. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    SIGMATURE	1329	BEDFORD DRIVE, SUITE 1	-	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE     SIGNATURE   SIGNAT				City		<b>F</b>	Zip Co	de	1	
SIGNATURE    Signature   Triped or private name of registered agent and site if applicable.   (Incite tendement Appent department of State)			or the purpose of changing its	registered office or registe	ered agent, or b			and accept	1	
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