2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2003 8:00 am Secretary of State 02-05-2003 90033 006 ****50.00

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1. Entity Na	ame N INVESTMENT, L.L.C.				กากเรียกก					
Principal Pla	lace of Business	Mailing Address		<u></u>						
614 SOUTH OWL DRIVE SARASOTA FL 34236		614 SOUTH OWL DRIVE SARASOTA FL 34236	614 SOUTH OWL DRIVE							
2. Principal i	Place of Business	3. Mailing Address								
Suite, Apt	it. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Sta	ate	City & State	City & State		4. FEI Nu	inber - 1846 112			Applied For	
Zip	Country	Zip	Coun	itry		cate of Status Desired		5.00 A		e
	6. Name and Address of Curr	rent Registered Agent			7. Name (and Address of New R			/60	\dashv
KAN	ne. Elita			Name						
614	4 SOUTH OWL DRIVE RASOTA FL 34236		•	Street Addre	ess (P.O. Box Nun	mber is Not Acceptable) 			7
				City				77.00		
* * base				1			FL	Zip Co		
8. The above the obligat	e named entity submits this statemen ations of registered agent.	nt for the purpose of changing its	s registere	d office or regis	stered agent, or i	both, in the State of Flor	rida. I am fa	miliar with	i, and accep	
SIGNATURE .	-									Į
SIGNATURE .	Signature, typed or printed name of registered as	gent and title if applicable. (NO	TE: Registered	d Agent signature req	quired when reinstating)		DATE			1
	A STATE OF THE STA			FEE IS \$50.0						\dashv
		Make Check Payab	ble to Flo	orida Departn	/V ment of State	<u> </u>				
		Du	је Ву Ма	y 1, 2003	Notifi = 1 =	İ				-
9.	MANAGING MEA	MBERS/MANAGERS	10.			ADDITIONS/O	CHANGES			4
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NAME STREET ADVINCES	1		NAME			iktors Owl Drive	_		L Page.	3
STREET ADDRESS CITY-ST-ZIP	1			ET ADDRESS 61	14 South (Owl Drive				S
TITLE					arasota, I	11. 34236			· · · · · · · · · · · · · · · · · · ·	
NAME	ĺ	☐ Delete	TITLE	i r mu	iRM	_	E	Change	■ Addition	Ş
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CITY-ST-ZIP		<u> </u>	CITY-S	st-zip Sa	arasota, F	F1. 34236				
TITLE		☐ Delete	ime		.=			Change	Addition	1
NAME Street address	1		NAME							- -
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AME			NAME				نــا] Change	Addition Addition	
TREET ADDRESS			STREET A	ADDRESS						1
ITY-ST-ZIP			CITY-ST-						ı	
 I hereby cer indicated or limited liabi 	ertily that the information supplied wi on this report is true and accurate an oility company or the receiver or truste	th this filing does not qualify for the that my signature shall have the employered to execute this r	the exemp he same le	ition stated in S agai effect as if	iection 119.07(3)/ made under oatr	(i), Florida Statutes. I fun; that I am a managing	irther certify to g member or	hat the in manager	formation of the	

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