

DOCUMENT # L02000029139



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01-22-2003 90090 029 *****50.00
08-11-2003 90105 010 *****50.00
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P.O. BOX 8041  
NORTH PORT FL 34287-3041

Suite, Apt. #, etc.

4. FEI Number

Not Applicable
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Country

### 5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

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 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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

**9. MANAGING MEMBERS / MANAGERS**


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

TITLE	MGRM	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLIFFORD K. HALL		
STREET ADDRESS	9039 EAST RIVER ROAD		
CITY-ST-ZIP	VENICE, FL 34293		

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

TITLE	MGRM	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHN ANTHONY, JR		
STREET ADDRESS	2632 ENSENADA LN.		
CITY-ST-ZIP	NORTH PORT, FL 34286		

TITLE	 Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MGRM	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANCIS J. SLEDJESKI		
STREET ADDRESS	4343 WABASSO AVE		
CITY-ST-ZIP	NORTH PORT FL 34287		

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:**

~~STATUS REQUIRED~~

7/24/2003

(941) 426-5005

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

Date \_\_\_\_\_

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

CR2E083 (4/03)