2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000029665

1. Entity Name

CHRISTINA CORNER, L.L.C.



FILED Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90019 020 ****50.00

Principal Place of Business	i İ			W. I.	/					
LAKELAND FL 33803 LAKELAND FL 33805 LAKE	Principal Plac	e of Business	Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc. CHPCK HERE IF MAKING CHANGES City & State City & State A, FEI Number 375 MARAGING CHANGES Zip Country Zip Country S. Certificate of State Desired \$5.00 Mak Applicable Fee Required City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Fee Required										
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PATEL MANIBHAI T S40 SR 540 AW LXKELAND FL 33803 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 and \$160 time 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 and \$160 time 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 and \$160 time 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 and \$160 time 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 and \$160 time purpose. SIGNATURE MARCHAND Make Check Payable to Florida Department of State Due By May 1, 2003	Zip	Country	Zip	Country				5.00 Ad	ditional	
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City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the revisable of the revisable agent age	PATEL, MANIBHAI T				The state of the s					
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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				City			E1	Zip Cod	le	
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9. MANAGING MEMBERS MANAGERS 10. ADDITIONS / CHANGES Addition	SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Agent signature requ	ired when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·		
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		ertify that the information cumplied wit	th this filing does not qualify for		Section 110.07/	N/i) Elorida Statutas 16	urthor portifi	uthat the 5	nformation	

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.

3/20/03 . 863 - 644 - 6129

Date Daytime Phone #