## FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90035 038 \*\*\*\*50.00

## LIMITED LIABILITY COMPANY TINIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 0 2 0 0 0 0 3 1 6 2 8 1. Entity Name 1940 South Ocean DO NOT WRITE IN THIS SPACE 3. Mailing Address
2295 NW CORPORATE OLI 2. Principal Place of Business 295 NW CORPOBATE BLUD DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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. DATE FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** 9. TITLE TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 manag limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: