LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000031957

1. Entity Name

IDEAWARE, L.L.C.



FILED Mar 28, 2003 8:00 am Secretary of State 03-28-2003 90005 004 ****50.00

													F			

	Place of Business South Ozerw DO AVE	3. Mailing Address 130/ South C	be and	m Avis						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	ech / va	\(\text{\pi}\)\(\text{\pi}\)\(\text{\pi}\)	DO NOT WRITE IN THIS SPACE					
City & Stat	4 BEAUT FL	City & State GOLDA BET	سرس	PL	4. FEI Number	Applied For				
Zip 3 24	Country	Zip	Cour		Contillation of Chatan Basical	Not Applicable \$5.00 Additional				
329	931 USA	32931	<u> </u>	SA	Certificate of Status Desired Name and Address of Current Registere	Fee Required				
				Name Dave	. 11 0	ad Agent				
The Washing Barrery of the Control o	DO-NOT-W	RHE ====			(PO Box Number is Not Acceptable)					
	IN THIS SP	PACE		1001 5 Suc						
	ar 1770 - Barkar Gregoria (b. 1886). 18 August - Gregoria Gregoria (b. 1881).				on Benef Fl	Zip Code				
		r the purpose of changing it	s registere	1	ered agent, or both, in the State of Florida. I am					
the obligat	ions of registered agent.	0		1	2					
SIGNATURE.	signature, typed or printed name of régistered agent	Devi I and title if applicable.	2 MIL	121-	3-1 DATE	27-03				
		CONTROL OF THE PARTY OF THE PAR	FEE IS	and that interest their control of the second						
		Make Check Payat		orida Departme ′ MAY 1	ent of State					
9.	MANAGING MEMBE	RS/MANAGERS								
TITLE	President-Managerr Davit Miller 13015. Orlando Ave Suite		nu			eri Temporal de la companya de la compa				
NAME STREET ADDRESS	13015. Orlando Ave Suite	B .	, nam Stre	E Et address						
CITY-ST-ZIP	Coioa Beach FL 32931		CITY	-ST-ZIP						
TITLE			TITLE							
name Street address			NAM STRE	E Et aodress						
CITY - ST- ZIP			A PART A PART OF THE PART OF T	-ST-ZIP						
TITLE			TITLE							
NAME Street address			NAM	E Et address						
CITY-ST-ZIP-				-ST-ZIP	DO NOT WRI	TE				
TITLE			TITLE		IN THIS SPACE	ΛE.				
NAME			NAM	1	IN IFIO OF A)E				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
TITLE			TITLE	andornal actions and an expension of the control of						
NAME		•	NAME							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS						
TITLE		•		-ST-ZIP						
NAME		\$*	TITLE	A CONTRACTOR OF THE PARTY OF TH						
STREET ADDRESS		, -	ON RECEIVED	ET ADDRESS						
CITY-ST-ZIP			спу-	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 required or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 3-27-03

321.783.1691