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

DOCUMENT # L02000032043

1. Entity Name

AMERICAN BUSINESS CONCEPTS, L.L.C.



FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90307 006 ****50.00

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			TO STREET	· · · · · · · · · · · · · · · · · · ·	2002344	อ	
	DO NOT WRITE	IN THIS	SPAC	:			
2. Principal P	lace of Business	3. Mailing Address					
	Lewis Turner Blvd	P O Box 1180			•		
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Suite B City & State		City & State			4. FEI Number		Applied For
Ft Walton Bch, FL		Ft Walton Bch., FL			56-2311308	-	Not Applicable
Zip Country		Zip Country			J0=2311300		
32547	, ,	32549	USA	,	5. Certificate of Status Desired XX Fee Required		
			CHANG GOD GROUPS		7. Name and Address of Current Registe	red Agent	
			Name Jim C Boswell				
	DO_NOT_W				P.OBox-Number is Not Acceptable)		
				2000 Lewis Turner Blvd			
IN THIS SPACE							1
				Suite B City		■ Zip	Code
				Ft Walto	n Bch	32	547
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 obligat	ions of registered agent.						
OLONIATUDE	The Contract	417	223				
SIGNATURE Signature typed or printed name of registered agent and title if applicable				4-12-03 DATE			
. /			FEEIS	\$50.00			
		Make Check Pa	yable to Fl	orida Departmet	nt of State		
•			DUE BY	(MAY1			ĺ
9.	MANAGING MEMBE	ERS/MANAGERS	Machela	Builte Her angalitecist to Malli Atlatani	tendente tina militarina lina rication di anticipi di anticipi di anticipi di anticipi di anticipi di		
™E Presi	dent		nil	E distinction	* *		
NAME Jim	n C Boswell			IE			
STREET ADDRESS	2000 2002 20000		数据数	STREET ADDRESS			
CITY-ST-ZIP	Ft Walton Bch., FL 32547			CITY:ST-ZIP			
TITLE	Vice President			English State			
NAME	James Long			NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	2000 Bew Idenier Bive			CITY-ST-ZIP			
	Ft Walton Bch., FL 32547			en energie de deutsche Steine der Geschieden der Versicht			
TITLE NAME			TITL NAM				
STREET ADDRESS	l			CONTRACTOR			
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TITLE			i iiil				
NAME			NAM	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			新編集集	-ST-ZIP			
	partify that the information symplical with	this filing does not gual	ghoets,	到的特殊主题的标题的表面的	ction 119.07(3)(i), Florida Statutes. I further	certify that	the information
indicated	on this report is true and accurate and	l that my signature shall h	have the same	e legal effect as if m	iade under oath; that I am a managing men	iber or ma	nager of the
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							