## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032214

1. Entity Name

9/26/2003-90001-043-\$50.00-\$50.00

FILED

NAME STREET ADDRESS CITY-ST-ZIP  ALFARONE, ROBET NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP	u
Suite, Apt. #, etc.    CHECK HERE IF MAKING CHANGES    City & State	
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Zip Country Zip Country \$. Certificate of Status Desired \$5.00 Addition Fe Required  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  ALFARONE; ROBERT 1220 OLD STICKNEY POINT ROAD SARASOTA FL 34242  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 the cellipations of registered agent.  SICNIATURE Signature, popul or printed reme of registered spant and side 4 application.  MANA Check Payable to Florida Department of State Due By September 24, 2003  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE MAGR ALFARONE, ROBET 1220 OLD STICKNEY POINT ROAD STREET ADDRESS  CITY-ST-ZIP  TILE  Delete TILE STREET ADDRESS	
Zip Country Zip Country 5. Certificate of Status Desired St. OAddition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  ALFARONE, ROBERT 1220 OLD STICKNEY POINT ROAD  SARASOTA FL 34242  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 the obligations of registered agent.  SIGNIATURE Signiture, bread or printed name of registered agent and use 4 applicable. (NOTE: Perparted Agent signaure reduced when rendstating)  PILE 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  ITILE MGR  ALFARONE, ROBET  ITILE MGR  ALFARONE, ROBET  1220 OLD STICKNEY POINT ROAD  STREET ADDRESS	abre
ALFARONE, ROBERT   1220 OLD STICKNEY POINT ROAD   Street Address (P.O. Box Number is Not Acceptable)	7
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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:



Daytime Phone #