LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 020000 37,560

FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90577 024 ****50.00

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2. Principal Place of Business 1041 HILLS ROOM MILE	3. Mailing Address	3. Mailing Address				
Suite. Apt. #_etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
HILLSBORD BEACH, F	State City & State			4. FEI Number 16424	30	Applied Fo
33062 Country USA	Zip	Count	гу	5. Certificate of Status Desired		00 Additional Required
				7. Name and Address of Current R	egistered Age	ent
DO NOT WRITE IN THIS SPACE		. [Name Spiege	el & Utrera, P.A.		
			Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor			
			City FT. LAUDERDALE FL Zip Code 33308			
 The above named entity submits this state the obligations of registered agent. 	ement for the purpose of chang	ging its registere	d office or register	ed agent, or both, in the State of Flori		ar with, and acco

Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. OPERATING MANAGER DENNIS MOFOX 1041 HILLSBORD MILE, #9E TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-7P TITLE TITS F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE TITLE NAME NAME * STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FEE IS \$50.00

11. I hereby certify that the information supplied with this filling 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 receiver or trustee empowered to execute the report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JRE: AND SUPPLY OF PRINTED NAME OF SIGNING MANAGING MERCE

, WANAGER, OR AUTHORIZED REPRESENTATIVE

94/3/03 561-213-6516