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

DOCUMENT # L02000032647

1. Entity Name



FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90577 004 ****55.00

ORNSBY	C ENTERPRISES, LLC		$\sqrt{}$		03-02-2003 30377 004 335.00	
	DO NOT WRITE	IN THIS S	PAC	E.	~~ ~ 0000007	
2. Principal P 32 8 Gy Suite, Apt.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & Stat De Fun I Zip	11 5	City & State	Cour	ŋtry	4. FEI Number 2. 3-14-3204 Applied F Not Applied F 5. Certificate of Status Desired \$5.00 Additional Fee Required	cable
<u>52432</u>		32135	$\perp \omega$		Fee Required 7. Name and Address of Current Registered Agent	
		g for Securities and the Health Securities and Linear Control (1988) and the Control (1988)		NameRoge		
	DO NOT W	RITE	74 - 74 1-	Street Address (F	P.O. Box Number is Apt Acceptable)	
	IN THIS SP	ACE		328	Green Heres DY	
				City De Fun	TINK Springs FL 3563-	<u> </u>
		r the purpose of changing its	s register	ed office or registere	ed agent, or both, in the State of Florida. I am familiar with, and acc	cept
the obligat	tions of registered agent.					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.			DATE	- :
111390	. 7% 3022.738		FEE IS	\$50.00		
		Make Check Payat	ALCOHOLD THE WATER HE		it of State	ĺ
9.	MANAGING MEMBE		JUE B	(MAY 1		
TITLE	m m Aaw	N3/WANAGEN3	THL	E		
NAME	Roger H. Wright 328 Green Acres		NAN	Properties Codes Propresidance		
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NAME STREET ADDRESS			NAM STRE	ET ADDRESS		
CITY-ST-ZIP			指数的语言	- ST - ZIP		
11. I hereby dindicated	certify that the information supplied with on this report is true and accurate and hills report to the residue of the true to the countries of	this filing does not qualify for that my signature shall have	r the exe	mption stated in Sec a legal effect as if m	ction 119.07(3)(i), Florida Statutes. I further certify that the informat ade under cath; that I am a managing member or manager of the er 608. Florida Statutes.	tion

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #