LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

U	NIFORM BUSINE	SS REPO	RT (UI	BR)	Apr 23, 20	03 8:00 am	
DOCUI	MENT # L02000032	943	_}e •42		Secretary	03 8:00 am of State	
HE MAD	DISON HEDGE GROUP,	L.L.C.			04-23-2003 7030	7 033 30.00	
					00009 3 16		
	DO NOT WRITE	IN THIS	SPAC	Emiliario de mana Productivo de mana Productivo de mana		,	
	ace of Business	3. Mailing Address					
Suite, Apt.	Second Street #, etc.	1800 Second Street Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Suite		Suite 780					
City & State Sarasota, Florida		City & State Sarasota, Florida		4. FEI Number .55-0818789	Applied For Not Applicable		
Zip	Country	Zip	Coun		5. Certificate of Status Desired	\$5.00 Additional	
34236	U.S.A.	34236	U.S		7. Name and Address of Current Registe	Fee Required	
					T. Kirtley, Esq.		
DO NOT WRITE Street App				_Street_Address (I	(R.O. Box Number is Not Acceptable)		
IN THIS SPACE				1//b KT	nging Boulevard		
ONE STATE OF STREET				City		■ Zip Code	
				Sarasota FL 34236			
	named entity submits this statement for one of registered agent.	the purpose of chang	ing its registere	ed office or registere	ed agent, or both, in the State of Florida. I a	m tamiliar with, and accept	
, SIGNATURE _							
31017/10112	Signature, typed or printed name of registered agent an	of title if applicable.			DAT	E .	
		Make Check P	FEE IS ayable to Fid DUE BY	orida Departmei	nt of State		
9.	MANAGING MEMBER	S/MANAGERS					
TITLE NAME	Managing Member Guy S. Della Penna		TITLE			RZE083B (12/02	
STREET ADDRESS			Waster	T ADDRESS) B	
CITY-ST-ZIP	Sarasota, Florida	34236	CITY:	ST-ZIP			
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STREET ADDRESS	•		A. Charles	T ADDRESS			
CITY-ST-ZIP			CITY-	SI-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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

04/21/03 941/365-4200

Daytime Phone #

FILED