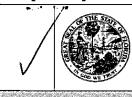
LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

L02000033277 **DOCUMENT #**

1. Entity Name

SLEEPY HILL EQUITIES LLC



FILED May 06, 2003 8:00 am Secretary of State 05-06-2003 90064 003 ****50.00

| DO NOT WRITE IN THIS SPACE | | | | 10102698 | |
|--|---|--------------------------------------|--|--|-----------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address 33 99 PGA BLVD. | | | |
| Suite, Apt. #, etc. S4/7E 45 6 | | Suite, Apt. #, etc. SUITE 450 | | DO NOT WRITE IN THIS SPACE | |
| City & State | | City & State | | 4. FEi Number Applied For | |
| | FACH GARDENS, FL | PALM BEACH | | 13-4226486 | Not Applicable |
| Zip 334 7, | Country | Zip 33410 | Country | 5. Certificate of Status Desired | \$5.00 Additional Fee Required |
| | DO NOT W IN THIS SE | RITE | Street Address | 7. Name and Address of Current Register 2. D. CUMMINGS + ASSO (P.O., Box Number is Not Acceptable) PGA BLVD. | |
| | | | City | EACH GARDENS F | L Zip Code 334/6 |
| the obligat | tions of registered agent. Signature, typed or printed name of registered agent. | F Make Check Payable | EE IS \$50.00 e to Florida Departm JE BY MAY 1 | ent of State | |
|). | . MANAGING MEMBE | RS/MANAGERS | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| TITLE NAME : STREET ADDRESS CITY-ST-ZIP | MGR PETER D. CUMMINIC 3399 PGA BLVD., SU PALMBEACH GARDEN | 45 17E 1150 15 FL 33411 | TITLE NAME STREET ADDRESS CITY+ST-ZIP | | |
| ITLE IAME STREET ADDRESS SITY-ST-ZIP | MGR KEITH L. CUMMINIC 3399 PGA BLVD., S. PALM BEACH GARDE | 45 UITE 450 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| ITLE IAME STREET ADDRESS STY-ST::ZIP | | managan | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WR | ITE |
| ITLE Ame Treet address ITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | IN THIS SPA | CE |
| TLE Ame Treet address ITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY+ST-ZIP | | |
| ITLE IAME TREET ADDRESS ITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY: ST-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.

SIGNATURE:

KEITH L. CHMMINGS