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

**DOCUMENT #** L02000033719

1. Entity Name

TEN THOUSAND GALLONS, LLC



## FILED 2003 APR 23 PM 3: 44

DIVIJION OF CORPORATIONS FACE AHASSEE, FLORIDA

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		ACCEPTAGE TO SELECT TO SEL							•			
2. Principal Place of Business				3. Mailing Address								
1350 No. OCEAN BLUD				SAME								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State				City & State				4. FEI Number		Applied F	or	
<b>Yompa</b>	NO B	BACH,	HA		<del>-,</del> -			14-18717'	<u> </u>	Not Appli	cable	
33062)		Country USA		Zip	Count	Country		5. Certificate of Status Desired		S \$5.00 Additional Fee Required		
								7. Name and Address of Currer	t Registere	d Agent		
		<b>A MA</b>				Name	DAV	ID WEISMAN	( E	50		
	ענייי	O NOT	<b>VYK</b>			Street A	ddress (F	O. Box Number is Not Accepted	19)	 ×		
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		50 + Contract					10/10	YWOOD	FL	· 33011	<u>/_</u>	
			ement for the	purpose of changing it	ts registere	d office or	register	ed agent, or both, in the State of F	lorida. I am f	amiliar with, and acc	cept	
the obligati	ions of <b>re</b> giste	med agent.						4	6./	,		
SIGNATURE 1									11/2	5		
	Signature, typed o	or printed name of registe	ered agent and title	if applicable.		AND AND THE VENT OF METALS	N SERVER DE LES LES VER		DATE			
•					FEE IS	\$50.00						
				Make Check Paya	ble to Flo	orida De	partmer	nt of State				
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9.		MANAGING	MEMBERS/N	MANAGERS /	20 (10 (10 (10 (10 (10 (10 (10 (10 (10 (1						和海河西省 西京 和安文	
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CITY-ST-ZIP					面积的概念	ST-ZIP						
11. I hereby co	ertify that the	information suppl	lied with this f	iling does not qualify fo	or the exen	nption stat	ed in Sec	ction 119.07(3)(i), Florida Statutes	I further cer	tify that the informat	ion	
indiantád e	on this ropart	in true and applie	ata and that r	ny sianatura ahali baya	the came	local offer	ot ac if me	ado undor noth: that I am a mana	aina mambe	ar or manager of the	. 1	

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 managi limited liability company or the receiver or trustes empowed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LUM IV