## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1 .02 000033954

## FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90274 040 \*\*\*\*50.00

1. Entity Nam	Ï⊐υs	tin River		03-01-2003 902/4 040 ******50.00				
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2. Principal Place of Business 783 NW 42 We 4555			3. Mailing Address 782 NW 42 WE.					
Suite, Apt. #, etc. # 555			Suite, Apt. #, etc. #588		DON	DO NOT WRITE IN THIS SPACE		
City & State Mianu FL			City & State Mianu FL		4. FEI Number			
Zip Country		Zip	Country		5 Contificate of Status Pasinod S. \$5.00 Additional			
33	126	usA	33136	<u>usa</u>	7. Name and Address of		Required	
DO NOT WRITE					Name Autonio J. CAbrera ZR.  Street Address (P.O. Box Number is Not Acceptable)			
			\$	City	Μ	FL	Zip Code	
R The shove	named entity o	whente this statement for	the purpose of changing its		Mi'amu registered agent, or both, in the Str		Zip Code 3313-6	
	tions of registere		the purpose of changing its	registered office of	registered agent, or both, in the St	ite of Florida. I am familia	ir with, and accept	
SIGNATURE :							ĺ	
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٠.			Make Check Payat	FEE IS \$50.00	partment of State			
				DUE BY MAY 1				
9.		MANAGING MEMBE	RS/MANAGERS		Karata a sa sa karata karata sa			
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11. I hereby of indicated	certify that the in on this report is	Itormation supplied with true and accurate and	this filing does not qualify fo that my signature shall have	r the exemption state the same legal effect	ed in Section 119,07(3)(i), Florida Si ct as if made under oath; that I am a	atutes. I further certify that managing member or r	at the information nanager of the	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE