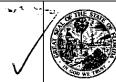
LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000034015

1. Entity Name

SIGNATURE:

HASEY ENTERPRISES I, LLC



FILED Mar 21, 2003 8:00 am Secretary of State 03-21-2003 90029 028 ****50.00

	,		V	WE TREE			
	DO NOT WRITE	IN THIS S	PAC	Œ			
	S. Federal Hwy	3. Mailing Address					
Suite, Apt, # etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
SCITY & State	RATON FL	City & State			4. FEI Number 06 167 199	٥	Applied For Not Applicable
3343		Zip	Cour	ntry .	5. Certificate of Status Desired	□ \$5. Fee	.00 Additional Required
					7. Name and Address of Currer	nt Registered Age	ent
	DO NOT WE	HTC		Name FRE	ANK T, Pilot	te: 550	~
4 -			·- w ·-	Street-Address-(F	P.OBox Number is Not Acceptab	le) — — — —	
,	IN THIS SPA	NCE			ALTOLM WAY	SULTO	د 100
				CityPALM	BEACH	FL	^{Zi} 33480
	named entity submits this statement for the	ne purpose of changing it	s register	ed office or registere	ed agent, or both, in the State of F	lorida. I am famili	ar with, and accept
the obligation	ions of registered agent.						
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applicable.				DATE	
			FEE IS	\$50.00			
		Make Check Payal	and the state of the state of		nt of State		
•	;		DUE B	Y MAY 1			
9.	B.A	:/MANAGERS	TITL	F			
NAME	Manager William J Hasey Jr.	JAY.	NAM				
STREET ADDRESS	1877 S Federal Hwy Suite 20	2	STR	EET ADDRESS			
CITY-ST-ZIP	Boca Raton, FL 33432	<u> </u>	CITY	-ST-ZIP			
TITLE	Manager		IIIL				
NAME CIRCET ADDRESS	Martin J Hasey		NAM				
STREET ADDRESS CITY-ST-ZIP	42 N Swinton Ave	ं । ५५ '		ET ADDRESS - ST-ZIP			
TITLE	Delray Beach, FL 33444 Manager		IIIL	Changa canthi can Anghan Shinana			
NAME	Marilyn R Fazioli		NAM	Maria Caraca Albanda War (Maria Par			
STREET ADDRESS	1877 S Federal Hwy Suite 20	2	STR	ET ADDRESS	DO:NOT	MOITE	=
CITY-ST-ZIP _	Boca Raton, FL 33432	-	cmy	-ST-ZIP-			
TITLE			TITL	CONTRACTOR SECURITION CONTRACTOR OF SECURITION SECURITI	IN THIS	SPACE	
NAME STREET ADDRESS			NAM CTO	E Et address		J. , , , , , ,	
CITY-ST-ZIP			建筑建筑	-ST-ZIP			
TITLE			TIII.	E and a large			
NAME			NAM	E			
STREET ADDRESS		•		ET ADDRESS			
CITY-ST-ZIP			СПУ	-ST-ZIP			
TITLE			MIL	1			
NAME STREET ADORESS	Ź		MAM 1812	E Et address			
CITY-ST-ZIP			A STREET STREET	-ST-ZIP			
11. Thereby co	ertify that the information supplied with th	is filing does not qualify for	or the exe	motion stated in Sec	tion 119.07(3)(i), Florida Statutes	. I further certify the	at the information
indicatéd d limited liab	on this report is true and accurate and the cility company or the receiver of trustee e	at my signature shall have npowered to execute this	the same report as	e legal effect as if ma required by Chapte	ade under oath; that I am a mana er 608, Florida Statutes.	iging member or i	manager of the

MANAGER OR AUTHORIZED REPRESENTATIVE