LIMITED LIABILITY COMPANY'
UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 13, 2003 8:00 am Secretary of State

U	MILOKW BOSINE	:33 KEPUKI		re (	-				
1. Entity Nar	MENT # L02000034 LDINGS, LLC	558	1.			05-05-2003	3 90690 C	40 ****50.00	
	DO NOT WRITE					l	44004	1288	
Suite, Apt		3. Mailing Address 130 WE Suite, Apt. #, etc.	ΥТ	L Ave	, ,	DO NOT WRIT	E IN THIS S	PACE	
Dity & Sta	FICTO BEACH R	City & State Veld Searl 78			4. FEI Number	42326	69	Applied For Not Applicable	
<sup>Zip.</sup> 334	Country	Zip 3)441	Coun	ntry	1	of Status Desired	m \$	5.00 Additional see Required	
	PAGESTAL COLUMN TO SERVE				7. Name and Ac	Idress of Current I			٠
		A.F.		Name RAYMAN JAJON					
	O NOT W			Street Address (		is Not Acceptable)			
	IN THIS SP	ACE		/30 /0	7.7-				
		<i>6</i>		City Drac	W/- O -	Lang. 11	FL	Zip Gode,	
8. The above	e named entity submits this statement for	the purpose of changing its	register		CHEVD ed agent or both	in the State of Flori		niliar with and accept	
the obliga	tions of registered agent.								
SIGNATURE	Signature, typed or printed name obtegletered agent a	\c		<u></u>		4/28	67		
<del></del>	Signature, typed or printed risking distributioned agent a	19 Med Parties Providence and Aug.	EEUS	\$50.00			DAIE		
		Make Check Payab	le to Fi		it of State				
9.	MANAGING MEMBER	The second control of	e de la composición dela composición de la composición dela composición de la compos						
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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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee endowered to execute this report as required by Chapter 608, Florida Statutes.

S	G	N	A٦	TI J	IR	F

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/03

Date

Daytime Phone #