LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 24, 2003 8:00 am Secretary of State

1. Entity Nam	MENT # 40200003 me d Suites of Melbourne L		O.	/	l l	_	39 ****50.00
* it :	3 8		4.				
	DO NOT WRITE	IN THIS S	SPAC				
2. Princinal i	Place of Business	3. Mailing Address	· · · ·		<u> </u>		
2680 Croton Road 300 N. Ronald		d Reaga	n Blud	1			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 311.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number Applied For		
	urne, Florida	Longwood, Flo	orida		35-2191780		Not Applicable
Zip 32935			Counti USA	У	5. Certificate of Status Desired		
		3.5			7. Name and Address of Current Re	gistered Ager	ıt
	DO NOT W	C) TE		Name Norman L.	Huev		
					(P.O. Box Number is Not Acceptable)	·	
	IN THIS SP	ACF		300 N. Roi	nald Reagan Blvd., Suit	e 311	·
M		AUL					
-		* · · · · · · · · · · · · · · · · · · ·		City		FL Zi	p Code
8 The above	named entity submits this statement for	the numerous of abancina	ito sociatara	Longwood			2750
the obligat	tions of registered agent.	ne purpose or changing	as regisierei	onice or register	red agent, or both, in the State of Horic	ia. I am tamiliar	with, and accept
SIGNATURE .	Journ the	4				17-03	
	Signapore, typed or printed regule of wardshiped agent a	nd/title (applicable.				DATE	
	\sim	Make Charle Barre	FEE IS \$				ļ
		Make Check Paya	DUE BY		nt of State		<u> </u>
9.	MANIACINIC MENOCI	O (MANAGEDO	DOCE	MAT I			
TILE	MANAGING MEMBER	15/ MAINAGERS	Time				
NAME	MGRM		TITLE				į
STREET ADDRESS	Norman L. Huey 300 N. Ronald Reagan E	3lvd., Suite 311		ADDRESS			
CITY-ST-ZIP	Longwood, Florida 3275		CITY-S	T-ZIP		**	Č
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NAME			NAME			`/	į
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NAME			NAME				
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CITY-ST-ZIP			CITY-S				
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11. I hereby o	ertify that the information supplied with to on this report is true and accurate and the	his filing does not auslik. I	or the ever-	nting stated in Co.	ction 119.07(3)(i), Florida Statutes. I fur		4b - 1-6