LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2003 8:00 am Secretary of State

DOCUMENT # L02000035017 1. Entity Name PHILIP D. TONKS, LLC					04-21-2003 90408 008 ****50.00		
	DO NOT WRITE	IN THIS SE	PAC	E Comment			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	UNGTON, FL	City & State			4. FEI Number 90 - 00 665H	i	Applied For Not Applicable
Zip 13	YIN Country	Zip	Coun	try	5. Certificate of Status Desired		5.00 Additional
-		I			7. Name and Address of Current Re		
DO NOT WRITE				Name PHILIP D TONKS			
DO NOT WRITE				_Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS SP	AGE		1164	O SANDERLING	DRI	<u></u>
				City Island	norm	FL	Zip Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or registere	ed agent, or both, in the State of Florid	la. I am fam	iliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and tifle if applicable.							
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9.	MANAGING MEMBER		a service of				
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11. I hereby c	ertify that the information supplied with t	his filing does not qualify for	the exer	nption stated in Sec	otion 119.07(3)(i), Florida Statutes. I fu	rther certify	that the information

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 managing member or manager of the limited liability company or the receiper of truffice empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Daytime Phone #