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

4/21/

FILED May 29, 2003 8:00 am Secretary of State 04-21-2003 90408 022 ****55.00

DOCUMENT # L02000035068

1. Entity Name

BAXANN, LLC

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	DO WOLLOWINE			,L			
		Art dust are it storie					
2. Principal P	tace of Business 5. Lake Drive	3. Mailing Address	3100	ο.	- 1		
Suite, Apt.		Suite, Apt. #, etc.	amo			DO NOT WRITE IN THIS SPACE	
4.	- F	22.00, 1, 200, 1, 200, 1			1		
City & State	* 5 / +/	City & State				4. FEI Number Applied For	
10/m	Beach Th		,			Not Applicable	
334	Country	Zíp	Cour	ılry		5. Certificate of Status Desired S \$5.00 Additional Fee Required	
J 34	80 <u>USA</u>				بــــــ	7. Name and Address of Current Registered Agent	
				Name	12		
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Ariostra		THE CONTRACT DESIGNATION OF COMMENTS	100	_2(199) V		s(mu_box.numperis not Acceptable)	-
	IN THIS SPA	AUE : :			380	9 S. Lake Dr #4-F	
				City	20.	Zin Code	
					Tal	1m Deach 1 33480	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
in o obligati	BAXTER WE	ិនឲ		Α	NAC	C.WEBBNeth May 26 2003	
SIGNATURE .	Signature Apped or printed name of registered agent and	d little 2 moltospila			2m	West (1) ay 26,2003	
	STATE OF PRINCE ASSESSED FOR THE PARTY OF TH	Consideration of the Constitution of the Const		\$50.00			
		Make Check Payab	The Last of the Last	Section of the sectio	artmer	ent of State)	
•		CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	DESCRIPTION OF THE REAL PROPERTY.	MAY 10			•
9.	MANAGING MEMBER	S/MANAGERS	200		K		
ากนั้ย	MGRM	·	Tim				Š
NAME	Baxter Webb		NA.	22.32 October 6.1			2
STREET ADDRESS	389 S. Lake Di			ET ADDRESS			2
CITY-ST-ZIP	Palm B.cach	FL 33480	,	ST ZIP C.C.			CKZE0838 (12/02)
TITLE NAME	MGRM Webb		TITL				Ž
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CITY-ST-ZIP	Palm Beach	FL 33480		ST 7P			
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NAME			NAM				
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TITLE NAME			ATTLE SERVE MANAGE	4.500		IN THIS SPACE	
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CITY-ST-ZIP				81 ZP/			
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STREET ADDRESS CITY-ST-ZIP			60 X 60 X 60	ET ADOPESS			
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TITLE NAME			NAME				
STREET ADDRESS			A CONTRACTOR	TACORESS			
CITY-ST-ZIP			F13 1927 1	51 <i>IPE</i> (6			
11. I hereby c	ertify that the information supplied with th	nis filing does not qualify for	the exe	nption state	d in Sec	ection 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 if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
E. Baxter Webb Ann C. Webb 561-							

833-2522