1. DOCUMENT #

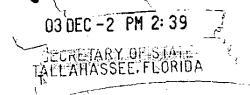
L03000000048

Name and Mailing Address

2. New Mailing Address

anaging Member/Manage

ped or printed name of signing Managing Member/Managor Frank D. Williams



4. State/Country of Formation



7277238588

IS FORM.

				FL		
City. State, Zip				5. Date Organized or Qualified To Do Business in Florida 12/26/2002		12/26/2002
Principal Place of Business 2519 MCMULLEN BOOTH RD., STE 510, BOX 344			ness Address 6. FEI Number			Applied For Not Applicable
CLEARWATER FL 33761		City, State, Zip		.7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
	8. Name and Address of Current	Registered Agent	9. Name and Address of New Registered Agent			
WILLIAMS, FRANK D 2519 MCMULLEN BOOTH RD., STE 510, BOX 344 CLEARWATER FL 33761			Name			
			Street Address (F.O. Box Number is Not Acceptable)			
			12/02/0301064017 **155.00			
			city .		FL	Zip Code
egistered A	AE	GISTERED AGENT MUST SIGN			Date 11/24/03	
Taxon Tilleran		GISTERED AGENT MUST SIGN			Jale	
Title(s)	Name of Managing Members/Managers M		reet Address of Each aging Member/Manager		City / State / Zip	
MGRM	FENTON, BONITA J	2519 MCMUŁ	2519 MCMULLEN BOOTH RD., S		CLEARWATER FL 33761	
MGRM	WILLIAMS, FRANK D	2518 MCMUL	LEN BOOTH RD.,	STE 510, BOX 344	CLEARWATER FL 337	31
					2802)	
		nell nell	ISTAT	EMENT.	Just	
						1201
						MET
Tilino Inis	that I am managing member/manager or reinstatement application the reason for swed by the limited liability company lavi de under oath	dissolution has been eliminated, the	limited liability con	anany nansa estiction the	requirements of cooling Co	10 406 E.C. parkitian .