LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1: Entity Name FIFER PROPE OLOGO NO. L. 03 0000	•	c D	FILED 2004 FEB 25 AM DIVISION OF CORPO TALLAHASSEE, F	RATIONS
2. Frincipal Place of Business 15/D Oirport Blvd. Suite, Apt. #, etc. 3. Mailing Address (SAME) Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State Pensacola Zip	City & State	Country	4. FEI Number 01 - 078 3097	Applied For Not Applicable \$5.00 Additional
Zip 32504 Country USA Zip Country 5. Certificate of Status Desired				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registored agent and tile if applicable. DATE				
9. MANAGING MEME TITLE MANAGING MEM NAME JCHN STEVEN F STREET ADDRESS IS ID AIR PORT BL CITY-ST-ZIP PENSACOLA, FL	NBER IFER	NATURAL AUDRES		,
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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 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, Elorida Statutes. I Lomas S. Fife R. 2/16/04 · 8:50 - 47.7 - 4098 SIGNATURE AND TYPED OR PRINTED NAME OF SUMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayone Phone #				