LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2004 8:00 am Secretary of State

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DOCUMENT # L 0 3 0000 497 93 1. Entity Name					04-29-2004 90061 002 ****50.00		
2820 East Co	olonial Drive, LLC.			0]		
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DO NOT WRITE IN THIS SPACE							
	f and this						
2 Principal	I Place of Business	3. Mailing Add	ress	A 1672 H. W. Const.			
7 Mayfield S					_		
Suite, Apt. #, etc		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & St		City & State			4. FEI Number	Applied For	\neg
Greenville, F		City & State			56-2421126	Not Applicabl	le
Zip 02828-2917	Country	Zip	Country		5. Certificate of Status Desired	of Status Desired \$5.00 Additional Fee Required	
		TEGREDA	1		. Name and Address of Currer	t Registered Agent	_
				Name			
DO NOT WRITE.				Picard, Michael E. Street Address (P.O. Box Number is Not Acceptable)			
				7569 Park Springs Circle			
	IN THIS SPA	CE.					
Constant Con				City		Zip Code	_
P. . Proposition				Orlando		FL 32835	_
					ts registered office or register	ed agent, or both,	
in the St	ate of Florida. I am familiar	with, and accept	t the obliga	ations of registe	red agent.		
: SIGNATURE	•		Mic	hael E Picard			
Signature, typed or printed name of registered						DATE	7
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		Carothacheopadacheo			G ara		
		QUEENCO PO					İ
9.	MANAGING MEMBERS/N	MANAGERS					
9. MANAGING MEMBERS/MANAGERS TITLE MGRM			TITLE	102 F 17 1 100 A			ខ
NAME	Picard, Edward J.		NAM		grade. Progresso badion (2001) de la come. Progresso de 1900 de la començación de la comencia		12
STREET ADDRESS	7 Mayfield Street	_	200	ET ADDRESS			88
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CITY-ST-ZIP				ST-ZIP			HXI
TITLE				Name (Park)		1966 - Taran III - San Francis	74.X
NAME			NAMI				1517

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 engrowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MADAGER, OR AUTHORIZED REPRESENTATI

3/23/0

401-949-2709

Daytime Pho