

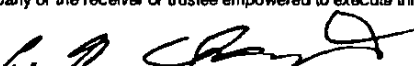


**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

30001203

<b>DOCUMENT # L04000064705</b>						<b>SECRETARY OF STATE</b>	
1. Entity Name <b>NATIONWIDE LIFTS OF FLORIDA, LLC</b>						02-02-2005 90154 047 ****50.00	
Principal Place of Business <b>766 BEAVER CREEK LNE HAVANA FL 32333</b>		Mailing Address <b>766 BEAVER CREEK LNE HAVANA FL 32333</b>		<b>30001203</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/04)			
City & State		City & State		4. FEI Number <b>51-0524 083</b>		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CHENTNIK, CHESTER G 766 BEAVER CREEK LNE HAVANA FL 32333</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> Zip Code			
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.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>							
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
C.C. CHENTNIK 708 BEAVER CREEK LNE HAVANA, FL <input type="checkbox"/> Delete				REMOVED AGENT/OWNER <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
G.D. CHENTNIK 510 TOWNHATHAWAY LNE HAVANA, FL <input type="checkbox"/> Delete				OWNER <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
DAVID W. ROSE 3316 VASSAR CT. Tallahassee, FL 32309 <input type="checkbox"/> Delete				OWNER <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
RICK CLARK 2665 A North Point Ct Tallahassee, FL 32308 <input type="checkbox"/> Delete				OWNER <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, Florida Statutes.							
SIGNATURE:  DATE: 1/25/05							