DOCUMENT # L05000017843 between	20	006 LIMITED LI ANNUA	ABILITY CON	FILED Apr 24, 2006 8:00 an Secretary of State		
	DOCUM	MENT # L050000	17843			
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11. I hereby certify that the information supplied with this filling goes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informat 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 t limited liability company or the receiver or trusted enpowered to execute this report as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS			NAME STREET ADDRESS	Change 🗌	Additio
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SIGNATUBE: 04/21/06 (305) 3790707	SIGNAT		HAND		04/21/06 (305) 3790707	