LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 24, 2007 8:00 am Secretary of State

DOCUMENT # L05000044825						04-24-2007 90114 002 ****50.00				
IMPACT CLE	ANERS LLC									
DO NOT WRITE IN THIS SPACE						60039648				
Principal Place of Business WINDY WAY			3. Mailing Address							
Suite, Apt. #, etc			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State JACKSONVILLE, FL			City & State			1	4. FEI Number Applied For 11-3748591 Not Applicable			
Zip 32259	Country	Z	Zip	Co	untry	+	ficate of Status Desired	1 1 '	55.00 Additional	
						7. Name a	nd Address of Curre			
					Name					
DO NOT WRITE				Street Addres			ss (P.O. Box Number is Not Acceptable)			
IN THIS SPACE								_		
		,	-						7: 0-1	
					City			FL	Zip Code	
8. The above	ve named entity submits	this sta	tement for the p	urpos	se of changing	its registe	ered office or regist	ered age	ent, or both,	
in the Sta	ate of Florida. I am familia	ar with,	and accept the	oblig	ations of registe	ered ager	nt.			
SIGNATURE							<u>,</u>	 -		
	Signature, typed or print	ea nam	e of registered	agen	t and title it app	licable.			DATE	
Make Check Pays					: IS \$50.00 ile to Department o : BY MAY 1	f State				
	MANAGING MEMBERS	S/MAN/	AGERS							
TITLE MGRM NAME MICHELE SPITZER				NAM					COPIN)	
STREET ADDRESS 1857 W WINDY WAY				STREET ADDRESS					ا و	
CITY-ST-ZIP	JACKSONVILLE FL 32	259			r-ST-ZIP					
TITLE	MGRM			TITL	.E.					
NAME	THERESA HENDRIX	_		NAM						
STREET ADDRESS 405 MALLOW BRANCH					EET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32	259		TATL	r-ST-ZIP					
NAME				NAM						
STREET ADDRESS	\				EET ADDRESS					
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CITY-ST-ZIP				ÇITY	Y-ST-ZIP		· , ,			
information	rtify that the information supplied indicated on this report is true air of the limited liability company of	nd accura	te and that my signa	ture sh	sail have the same le	egal effect a	s if made under oath; tha	it I am a ma	anaging member	