LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90090 016 ****50.00

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OOCUMENT#	193000000347			4	04-16-2002 90090 016 ****
Entity Name			U		

	EMATIS DEVELOR	* * * * * * * * * * * * * * * * * * * *					
	DO NOT WRITE	IN THIS SI	PACE			, (*)	
,	Place of Business L. Clematis Street. #, etc.	3. Mailing Address 505 South F Suite, Apt. #, etc.	lagler Drive	<u>e</u>	DO NOT WRITE IN TH	IS SPACE	
City & Sta	Palm Beach, FL	Suite 900 City & State West Polm B	ATTN. Vebb each. Fl	4. FEIN	umber 65-0444514	Applied For Not Applicable	
Zip 33401	Country U.S.A.	Zip 33401-5948	Country U.S. A.	5. Certif	icate of Status Desired	\$5.00 Additional Fee Required	
			Name	. 011	and Address of Current Registe	- 1 1 -	
	DO NOT W IN THIS SP	•	Street Act Suste City West	idress (P.O. Box N		Zip Code 33401 - 5948	
8. The above	e named entity submits this statement for		registered office or	registered agent, o	r both, in the State of Florida.	1.	
	Signature, typed or printed name of registered agent a	F Make Check Pa	EE IS \$50.00 yable to Departn UE BY MAY 1	nent of State	DATE OF THE PROPERTY OF THE PR	:	
9.	MANAGING MEMBER	RS/MANAGERS		* * * * * * * * * * * * * * * * * * * *			
NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Hall, Robert D. 27W725 Washington Ave Winfield, IL 60190-		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ε ^λ			
NAME STREET ADDRESS CITY-ST-ZIP	Mensging Member Hall, James M. 56 Stoneleigh Rd New Canaan, CT	• • • • • • • • • • • • • • • • • • •	TITLE NAME STREET ADDRESS CITY-ST-ZIP			ia	
TITLE NAME STREET ADDRESS	Maneging Member Hall, Daniel P. 8576 Deer Hollow Dr		TITLE NAME STREET ADDRESS		DO NOT WR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	San Jose, CA 95. Menaging Member Amico, Roy T. 8002 Flagler Ct. West Palm Beach, F	(20 [2]	TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ren peach, t	<i>L 2340</i> 5	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 4			
inaicatéa	pertify that the information supplied with to on this report is true and accurate and to bility company or the receiver or trustee	hat my signature shall have th	në same ledal effect	as it made under :	hath: that I am a managing mem	ertify that the information ber or manager of the	

3/25/02