LIMITED LIABILITY COMPANY

FILED Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90159 001 ****50.00

DOCUMENT # L9500000	
CASABLANCA TRADING L	.c. \(\)
DO NOT WRITE	IN THIS SPACE
2. Principal Place of Business	3. Mailing Address

DO NOT WRITE IN THIS SPACE					
	WINSFORD OAK BLVD	. Mailing Address 10110 WINS Suite, Apt. #, etc.	FORD OAK B	LVD. DO NOT WRITE IN THIS SPA	.CE
Suite. Apt. ≱ 626	r, exc	626			·
City & State TAMPA,	FI.	City & State TAMPA, FL		4. FEI Number 59-3319690	Applied For Not Applicable
Zip 33624	Country	Zip 33624	Country USA	5. Certificate of Status Desired Fee	5.00 Additional B Required
DO NOT WRITE			Name BOU Street Address	7. Name and Address of Current Registered Ad BKER BENNIS S(P.O. Box Number is Not Acceptable) NOT WINSFORD OAK BLVD,	
SIGNATURE	named entity submits this statement for the COUBKER Signeture: typed or printed name of registered agent and	- BENNIS	IAH	tered agent, or both, in the State of Florida.	
		Make Check Pa	FEE IS \$50.00 yable to Department DUE BY MAY 1	of State	
9.	MANAGING MEMBERS	/MANAGERS	TITLE		
NAME STREET ADDRESS	BENNIS, ABDELHAK 1858 RINGLING BLV SARASOTA EL 342		NAME STREET ADDRESS CITY-ST-ZIP		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNIS, ANN 1858 RINGLING BLV	D 36	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARASOTA, FL 342 MGR BENNIS, BOUBKER 10110 WINSFORD OA	K BLVD #62	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRIT	Έ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA, FL 34624		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPAC	E
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST #ZIP		sis films door any music.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	n Section 119.07(3)(i). Florida Statutes. I further certification of the section 119.07(3)(ii). Florida Statutes. I further certification of the section of	y that the information

I hereby certify that the information supplied with this limit goes had accurate and that my signature shall have the same legal effect as if made under oath: that if a indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath: that if a indicated on this report as required by Chapter 608. Florida Statutes.

SIGNATURE: X BBUBKER-BENNIS MBU-KS	× 04	1101	02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	, ,	Daytime Phone #