## **2003 LIMITED LIABILITY COMPANY**

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9600000033 1. Entity Name



**FILED** May 14, 2003 8:00 am Secretary of State 05-14-2003 90026 033 \*\*\*\*55.00

NAME STREET ADDRESS CITY-ST-ZIP  WU, CHI KUEN 6 FL FLAT A, SUN FIELD CT-1 PEACE AVE 7 FLAT A, SU	Panhand	DLE IMPORTS, L.C.			<b>)</b>				
Suite, Apt. #, etc.   Guite   Suite, Apt. #, etc.   Guite   Guite   Making CHANGES    City & State   City & State   City & State   4. FEI NITTICES   59-Q419997	1487 S. FAIRFIELD RD 214 SHETLAND CT.								
Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   A. FEI NUTRICET 59-Q419997   Ancient England For Not Applicable F	2. Principal P	Place of Business	3. Mailing Address						
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8LACK, CATHERINE 214 SHETLAND CT. PENSACOLA FL 32506  City FL Zip Code  City FL City FL Zip Code  City FL City FL Zip Code  City FL City FL City City FL Zip Code  City FL X	City & State		City & State		4. FEI Number 59-	3419997=	_ <del>                                    </del>		
BLACK, CATHERINE 214 SHETLAND CT. PENSACOLA FL 32506  City  City  FL  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City	Zip Country Z		Zip	Ip Country		Desired			
BLACK, CATHERINE 214 SHETLAND CT. PENSACOLA FL 32506  City FL Zip Code  6. 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  FILE NOW!!! FEE is \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES  10.		6. Name and Address of Curren	t Registered Agent		7. Name and Address	of New Registered	Agent		
214 SHETLAND CT. PENSACOLA FL 32506  City FL Zip Code  6. 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  Signature, horse by present have of legistered agent and that approximate agent, or both, in the State of Florida. I am familiar with, and accept that approximate agent, or both, in the State of Florida. I am familiar with, and accept that approximate agent, or both, in the State of Florida. I am familiar with, and accept that approximate agent, or both, in the State of Florida. I am familiar with, and accept that approximate agent, or both, in the State of Florida. I am familiar with, and accept that approximate agent, or both, in the State of Florida. I am familiar with, and accept that approximate agent, or both, in the State of Florida. I am familiar with, and accept that approximate agent approximate agent, or both, in the State of Florida. I am familiar with, and accept that approximate agent approximate agent approximate agent agent ag	BLA	CK, CATHERINE		Name				_	
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat									
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11. Thereby certify that the information supplied with this filling 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 eath, that I am a managing member or manager of the		pertify that the information supplied with	h this filing does not qualify for		Section 119 07/3/// Florida	Statutes I further on	ctify that the in	formation	

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: SIGNATURE AND TYPED OR PRI

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE