FILE NOW: Fee after May 1, will be \$588.75

	ABILITA UAL RE 1997			Sa	DEPARTME Indra B. Mo Secretary of S DN OF CORF	State	<u>:</u>		0=.	FIL	ED
FILING FEE \$ 203.75		Annual Report \$100.0 e Check Payable T							97 A	IPR 18	AM 9: 06
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If above mailing a 2 Principal Place		correct in any way, line thro		t Informati		ection in Block 2s.		ste Organi:	red or Ouelille	7 1 9a Cio	le of Formation
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Suite, Apt. #, elc	5.			pt. #, etc.				02/19		FL	
42 S.W.	34TI	H AVENUE	City & S	tata		:		and a solution of	65-071	3855	Applied For
•	FLOR	י א רוז <i>א</i>	City a S	iara							Not Applicable
Zip 33135		Country	Zip	· · · · · · · · · · · · · · · · · · ·	Countr	у	5, 5	Pate of Last	Report	<u> </u>	ficate of Status Desired
	7. Name a	nd Address of Current	Registered	Agent		·····	8. Nai	me and Adr	dress of New	Registered	Agent
its registered offi	ice or regis	ons of Sections 608.416 tered agent, or both, in the ocept the obligations.	and 608.50 e State of Fid	B, Florida orida Sucl	Statutes, the at n change was a	City Dove-named lim uthorized by affil	ited liabilit mative vo	y company : te of a major	submits this strity of the mem	atement for	the purpose of changing y accept the appointment
SIGNATURE		(Registered Agent Accepting	Appointment)	(NOTE Regis	tered Agent signatur	e required when rains	lating)		DATE		
	Mana				Duning	ss Street Addre	88			ity. State an	d Zin Code
10. Title		iging Members/Manager	3		DUMINE		***************************************			nij, olalo un	0 Lip 0 0 0 0
MGR FAL	CON,	HECTOR GRISELDA		Į.	BRICKEL	L AVE.		1006	IMAIN	FL FL	50836 57-015