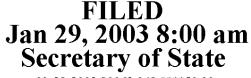
2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9700000518 1. Entity Name



01-29-2003 90063 048 ****50.00

•			
ABSOLUTE	STUFF,	L.L.C.	

Principal Place of Business Mailing Address 611 WEST AZEELE STREET 611 WEST AZEELE STREET TAMPA FL 33606 **TAMPA FL 33606** 2. Principal Place of Business
6971 108th Ave Worth 3. Mailing Address i agth Ave North 6971 Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State AR60 City & State R60 4. FEI Number 59-3442586 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent trank-cipou SMITH, H. STRATTON ESQ. Street Address (P.O. Box Number is Not Acceptable) **611 WEST AZEELE STREET** TAMPA FL 33606 AR60 8. 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. 01-23-03 (NOTE: Registered Agent signature required when reinstating) 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 {
TITLE	MEM Delete	TITLE	Change
NAME	ABSOLUTE F&D, INC.	NAME	and a position BushullE NORth
STREET ADDRESS	611 WEST AZEELE STREET	STREET ADDRESS	6971 10811 110000 10000
CITY-\$T-ZIP	TAMPA FL 33606	CITY-ST-ZIP	6971 108th AVENUE NORTH LARGO PL 33777
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	. Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZI₽	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	}
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing 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 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: MANAGER, OR AUTHORIZED REPRESENTATIVE

01-23-03 Date

Daytime Phone #

Applied For