LIMITED LIABILITY COMPANY

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UNIFORM BUSINESS REPORT (UBR)		02 APR 29 AM 11: 45
DOCUMENT # 19700000 839		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Pelso LC		[MELMIMOSELF] LOMOT
DO NOT WRITE IN THI	S SPACE	
2. Principal Place of Business 1333 N. DWW St. 3. Mailing Addr. 1333 N. Suite, Apt. #, etc. Suite, Apt. #,	N. DWal St.	DO NOT WRITE IN THIS SPACE
Tallahassee, FL Talla	hassee, FL	4. FEI Number Applied For
Zip 303 Country Zip 3030	Country	5. Certificate of Status Desired 55.00 Additional Fee Required
	Name	7. Name and Address of Current Registered Agent
DO NOT WRITE For ida Street Address (P.O. Box		La Filing & Search Services, Irc. (P.O. Box Number is Abt Acceptable)
IN THIS SPACE	1333	N. Dwal St.
	- City Tal	lahassee FL Zip Code 32302
8. The above named entity submits this statement for the purpose of char	nging its registered office or registered	d agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent and title if epipicable.		4/26/02
Make Check Payable to Department of State DUE BY MAY 1		
9. MANAGING MEMBERS/MANAGERS	-	
TITLE MGR NAME James William Grassick	TITLE	6
STREET ADDRESS La Collinette, Sark CITY-ST-ZIP Channel Islands	NAME STREET ADDRESS CITY-ST-ZIP	80000536989838
TITLE MGP	TITLE	800005369898
STREET ADDRESS The Avenue, Sork	NAME Street address	
CHANGE ISlands	CITY-ST-ZIP	
NAME STREET ADDRESS	TITLE NAME	
CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME	TITLE	IN THIS SPACE
STREET ADDRESS CITY- ST- ZIP	NAME STREET ADDRESS	
TITLE	CITY-ST-ZIP .	
NAME STREET ADDRESS	NAME	
CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	TITLE	
STREET ADDRESS	NAME STREET ADDRESS	
11. Thereby certify that the information supplied with this filing does not que	CITY-ST-ZIP	11000000
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 limited liability company or the receiver or frustee empowered to execute this report as required by Chapter 608, Florida Statutes. I further certify that the information I am a managing member or manager of the test.		
SIGNATURE: AUCH DAVID Auth Rep. 4-34-02 302-431-5750 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daysine Proces		

FLORIDA FILING & SEARCH SERVICES, INC.

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04-29-02

ACCOUNT NO:

FCA00000015

AUTHORIZATION:

ABBIE/PAUL HODGE

TYPE OF FILING: UNIFORM BUSINESS REPORTS

NAME: 34 LIMITED LIABILITY COMPANIES

SPECIAL INSTRUCTIONS: NONE

\$1700.00

Contraction

OZ APR 29 PM 1: 08