LIMITED LIABILITY COMPANY DOCUMENT # \angle 97000000 937

FILED May 03, 2002 8:00 am Secretary of State

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A	DO NOT WRITE	IN THIS S	PACE		
100					ţ
	Place of Business	3. Mailing Address	the state of the s		•
4545 N	1. BARWICK RANCH CIR	CLE	,		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	. 11	DO NOT WRITE IN THIS:	SDACE
City & Stat	LOUR		Air		O ROL
	BEACH, FL	City & State	,	4. FEI Number	Applied For
Zip.	Country	Zip	Country	65-0783549	Not Applicable
3344		ΣIP	Country	5. Certificate of Status Desired	\$5.00 Additional
1782 S					Fee Required
7. Name and Address of Current Registered Agent — Name					
DO NOT WRITE LORI SARIAN					
Section Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE					
			City 0 2	N. BARWICK RANCH	-)RCLE
o Service de la Companya de la Comp		CHARLET LINE STATE	DELR	LAY REACH FL	Zíp Code 33445
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.					
SiGNATURE Signature, typed or printed name of registered agent and title if applicable.					
.8		5.45.295.265.265	The Court of the C	DATE	
			FEE IS \$50.00		
		MAKE CHECKIP	ayable to Department of DUE BY MAY 1	State	
9,		CONTROL OF THE PARTY OF THE PAR			
	MANAGING MEMBERS	S/MANAGERS	Sales to the Carrier St.		Personal Company of the
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STREET ADDRESS	LORI SARIAN 4545 N. BARNICK RAI	NOH CIRCLE	NAME STREET ADDRESS		2
CITY-ST-ZIP	DELRAY BEACH, FL	33445	CITY ST ZIP		# 1 2 B
TITLE	PTD		OTTLE 1. Some		CR2E083B
NAME	CHAIS SARIAN 4545 N. AARNICK R		NAME		<u>8</u>
			STREET ADDRESS		
	DELRAY BEACH FL	33445	CITY-ST-ZIP		
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TITLE			CITY ST-ZIP	The second secon	
NAME			NAME	IN THIS SPAC	F
STREET ADDRESS			STREET ADDRESS		-
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TITLE			ATTLE PROPERTY OF THE PARTY OF		3.55.00 C-0.4 (4.70 May 2.40 C-0.
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
City - St - Zip		· · · · · · · · · · · · · · · · · · ·	CTTY STI-ZIP		
TITLE			TITLE (\$4)	18 18 18 18 18 18 18 18 18 18 18 18 18 1	
NAME STREET ADDRESS			NAME		
CITY+ST-ZIP			STREET ADDRESS		
	rify that the information supplied and at	- Elia - d	CTY-ST-ZIP,		
indicated or	n this report is true and accurate and tha	s ming does not qualify for t my signature shall have t	the exemption stated in Secti he same legal effect as if made	ion 119.07(3)(i), Florida Statutes. I further certify	that the information

nited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: