LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DO NOT WRITE IN THIS SPACE  2. Principal Planes of Business 1333 N. Duvial S. 1. Mailing Andrews 1333 N. Duvial S. 1. Mail	DOCUMENT # L9800000 395			SECRETARY OF STATE
2. Principal Picco of Business 1333 N. DWall St. 134 Northern Applicable for Tallahasaee FL 2p 2p 300 County 32p 300 Cou	Doyle European LC			SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Picco of Business 1333 N. DWall St. 134 Northern Applicable for Tallahasaee FL 2p 2p 300 County 32p 300 Cou	DO NOT WRITE	IN THIS SPA	CE	
Since April 4, etc.  Suite, April 66.  Suite, Ap				<u>,                                    </u>
Second County   Second Count	1333 N. DWal St. 1333 N. DWal St.		DO NOT WRITE IN THIS SPACE	
Second county   Space   Spac	Tallahassee, FL Tallahassee, FL		- присти	
T. Name and Address of Current Registered Agent  DO NOT WRITE IN THIS SPACE  IN THIS SPACE  Succe Address (P.O. Box Number is the Acceptable)  B. The above address (p.O. Box Number is the Acceptable)  Succe Address (P.O. Box Number is the Acceptable)  FL 23300  B. The Above address (p.O. Box Number is the Acceptable)  FL 23300  Make Check Payable to Department of State DUE BY MAY 1  MAKE Check Payable to Department of State DUE BY MAY 1  MAKE Check Payable to Department of State DUE BY MAY 1  MAKE STREET ADDRESS CITY-ST-2P  TILE MAKE MAKE STREET ADDRESS CITY-ST-2P  TILE NAME STREET ADDRESS C	Zip 302 Country	Zip C		5. Certificate of Status Desired \$5.00 Additional
B. The above difficity submits this statement of the purpose of changing its registered affice or registered agent, or both. I in the State of Florings.  SIGNATURE	DO NOT WRITE		Street Address	7. Name and Address of Current Registered Agent  da Filing & Search Services, Irc. (P.O. Box Number is Not Acceptable)
SIGNATURE  Signature, typed of prince from the purpose of changing its registered agent, or both, i i in the State of Florida.  FEE IS \$50.00  Make Check Payable to Department of State  DUE BY MAY 1  9. MANAGING MEMBERS/MANAGERS  THE  MAME  PALI: P MAY Croshaw  The Avenue, Sark  STREET ADDRESS  CITY-51-2P  THLE  MAME  STREET ADDRESS  CITY-51-2P  THLE  NAME  STREET ADDRESS  CITY-51-2P  THLE  THLE  NAME  STREET ADDRESS  CITY-51-2P  THLE  THLE  NAME  STREET ADDRESS  CITY-51-2P  THLE			<u> </u>	
Make Check Payable to Department of State DUE BY MAY 1  9. MANAGING MEMBERS/MANAGERS  TILL  NAME PHILIP MARK Croshaw The Avenue, Sark City-st-zip  TILL  MAR STREET ADDRESS CITY-ST-Zip  TILL  MAR STREET ADDRESS CITY-ST-Zip  TILL  MARE STREET ADDRESS CITY-ST-Zip  TILL  NAME STREET ADDRESS CITY-ST-Zip  TILL  TILL  NAME STREET ADDRESS CITY-ST-Zip  TILL  TILL  TILL  TILL  NAME STREET ADDRESS CITY-ST-Zip  TILL	SIGNATURE 1000 H	ne purpose of changing its registe	ered office or register	ed agent, or both, in the State of Florida.
TILE NAME PRILIP MARK Croshaw The Avenue, Sark STREE ADDRESS The Avenue, Sark Channel Islands TILE NAME TITLE NAME TARES William Grassick The Collinate Sark City-St-Zip Channel Islands Title NAME STREE ADDRESS CITY-St-Zip TITLE NAME STREET ADDRESS CITY-ST-Zip TITLE TITL		Make Check Payab	le to Department	of State
NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE	TITLE NAME PHILIP Mark Cro STREET ADDRESS CITY-SI-ZIP Channel Island	shaw	NAME STREET ADDRESS	77,007
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	NAME STREET ADDRESS CITY-ST-ZIP	, M : S	NAME STREET ADDRESS	
NAME STREET ADDRESS 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 local effect or if words are found in the certify that the information indicated on this report is true and accurate and that my signature shall have the same local effect or if words are found.	NAME STREET ADDRESS CITY-ST-ZIP	N S C	IAME TREET ADDRESS HTY-ST-ZIP	

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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes. I further certify that the information limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

RE AND TYPED OF PRINTED

arua

Auth Rep

4-24-03

302-421-5750

Daytime Phone #

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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

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