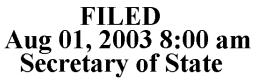
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1 9800000533



1. Entity Nan	DCIATES, L.C.	000333		08-01-2003 9	90023 048 *	****50.()0	
Principal Place of Business		Mailing Address						
1581 SHADY OAK DRIVE Kissimmee Fl. 34744		1581 SHADY OAK DRIVE Kissimmee Fl 34744						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		IF MAKING C	HANGES		
City & State		City & State	City & State		6		pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		5.00 Ade	ditional	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New F				
COR	PORATION SERVICE COMPANY		Name					ĺ
1201 HAYS STREET TALLAHASSEE FL 32301		i kari Mari	Street Address	s (P.O. Box Number is Not Acceptable	9)			
, <u>u</u> •		# #	City		FL	Zip Cod	le	
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	s registered office or regist	ered agent, or both, in the State of Flo		niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature requi	red when reinstating)	DATE			-
	and the second second		OW!!! FEE IS \$50.00)				
Sala Assignation in			le to Florida Departm September 24, 2003	ent of State			,	
9.	MANAGING MEME		10.	ADDITIONS				<u></u>
NAME STREET ADDRESS CITY-ST-ZIP	BALLUS, JAMES R 1581 SHADY OAK DR. KISSIMMEE FL 34744	☐ Dèlete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		C] Change	☐ Addition	COOD (4/0)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIPP, JAMES W 1143 REYNOLDS RD. JOHNSON CITY NY 13790	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Γ	Change	Addition	è
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- In-		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>] Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET AODRESS] Change	☐ Addition	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change.	☐ Addition	
11 I hereby o	ertify that the information supplied wi	th this filing does not qualify fo	r the exemption stated in S	Section 119 07/3Vi) Florida Statutos	further cortifu	that the is	oformation	

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:

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE