LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 198000000922

FILED

02 APR 29 AM 11: 45

1. Entity Name	, , ,		0500551000	
Lawrenson International LC			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
			_	
DO NOT WRITE	IN THIS SI	PACE		
2. Principal Place of Business 1333 N. DWal St. 1333 N. DWal St.				
Suite, Apt. #, etc.	1333 N. DWal St. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Tallahassee, FL	City & State Tallahassee, FL		4. FEI Number	Applied For
39309 Country	2ip 32302	Country	5. Certificate of Status Desired	Not Applicable \$5.00 Additional
The state of the s		Name	7. Name and Address of Current R	Fee Required egistered Agent
DO NOT WRITE IN THIS SPACE		LElori	da Filing & Sea is (P.O. Box Number is Not Acceptable)	urch Services, Irc
The second of th			3 N. Dwal St.	
8. The above named entity submits this statement for	the purposh of changing its	City Ta	llahassee	FL Zig Code 303
SIGNATURE Signature, typed or printed name or registrated agent	and lifest applicable.	gistered office or register	red agent, or both, i n the State of Florid	1a. 2402
		EE IS \$50.00		DATE
······································	DI	able to Department	of State	
9. MANAGING MEMBEI				
ME First Secretaries Limited PD Box 362		TITLE NAME		,
Y.ST.ZIP Road Town, Tortola BVI		STREET ADDRESS CITY-ST-ZIP	•	
MGR First Directors Limited		TITLE NAME	4000053	3699647
CITY-ST-ZIP POBOX 362 CITY-ST-ZIP POAD TOWN, Tortola, BVI		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	Bar (2)1-	TITLE		
STREET ADDRESS		NAME Street address		
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT W	RITE
NAME Street Address		TITLE NAME	IN THIS SI	PACE
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP .		A STATE OF THE STA
MTLE VAME		TITLE		
STREET ADDRESS		NAME STREET ADDRESS		
ITLE		CITY-ST-ZIP	· ,	
IAME Treet address }	į	TITLE NAME		
17Y - ST - 21P		STREET ADDRESS CITY-ST-ZIP		
 I hereby certify that the information supplied with the indicated on this report is true and accurate and that 	is filing does not qualify for the	exemption stated in Sec	tion 119.07(3)(i). Florida Statutes furt	her certify that the information

imited liability company or the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I further certify that the information firmited liability company or the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I further certify that the information firmited liability company or the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I further certify that the information firmited liability company or the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I further certify that the information firmited liability company or the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I further certify that the information firmited liability company or the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 PH: (850) 668-4318 FX: (850) 668-3398

DATE:

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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