2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCU 1. Entity Nan WARREN	01158			03 SEP 30 AHII: 07				
Drin simal Disa	o of Dunings	NACTION ACTIONS			AHI)	:07		
Principal Place of Business 219 ROYAL POINCIANA WAY		Mailing Address 219 ROYAL POINCIANA WAY			SECKETARY-OF 3 TALLAHASSEE, FLO	da g		
SUITE 10		SUITE 10		IALLAHASSEE EL	Mis.			
PALM BEACH FL 33480		PALM BEACH FL 33480			A TREATEN AND FORM LAND BOUND BOUND BOUND BOUND	水子(ADOLADIS IDDA	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 58-2414549	 	oplied For	7
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$5.00 Add	ditional	1
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered	Fee Require		\dashv
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	NGHAD, ANA 1		Cturat		ENE MERICO			-
219 ROYAL POINCIANA WAY SUITE 10			Street	Street Address (P.S. BRANNE) is 19 Acceptable ANA MAY				
	M BEACH FL 33480				UITEIN			]
, , ,			City	<u>D</u>	IM REACH F	ZipjGopl	PLOPS	1
9 The above	named antity submits this statement for	or the purpose of changing its	registered office s	YE YES	ed agent, or both, in the State of Florida. I an			-
	tions of registered agent.	If the purpose of changing its		or registers	ed agent, or soun, in the State of Florida. Tan	- I	and accept	İ
SIGNATURE	GENE ALERIO Signature! typed or printed name of registered agent	CFO Q	eno Q	loug	$10^{\circ}$ $1/2$	<u> 3/03                                   </u>		
	Signature, typed or printed traffie or registered agent				When resistating)	<del></del>		1
¬ .		Make Check Payabl	)W!!! FEE IS !		in of State			
		-	September 24	•	it of State			
9.	MANAGING MEMBE	1	10.		ADDITIONS/CHANGE	S		$\frac{1}{2}$
TITLE	P	☐ Delete	TITLE	T		☐ Change	Addition	1 8
NAME	WARREN, ROBERT M		NAME	j		- •		13
STREET ADDRESS	303 EAST 51ST STREET		STREET ADDRESS					8
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP	<del> </del> _				u
TITLE	1   DLANCHADD ANA I	🔀 Delete	TITLE		nide entre .	☐ Change	🔀 Addition	12
NAME STREET ADDRESS	BLANCHARD, ANA I 219 ROYAL POINCIANA WAY		NAME STREET ADDRESS	MALE	NO EUGENE F			
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	KA KAH	PYAL POINCIANA WAY, SUIT	<b>= 10</b>		1
TITLE		☐ Delete	TITLE	14.7.954.8	VERVITIFE 3948U	☐ Change	Addition	1
NAME			NAME	<u> </u>	4000234507	<b>94</b>		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		<b>4000234507</b> 09/30/0301084007	**50.00		
TITLE		☐ Delete	TITLE	1		☐ Change	Addition	1
NAME			NAME	-				
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TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		·			
CITY-ST-ZIP			CITY-ST-ZIP	-				
11. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemption sta	ated in Sec	otion 119.07(3)(i), Florida Statutes. I further or	ertify that the in	 nformation	1
indicated	on this report is true and accurate and bility company or the receiver or truste	that my signature shall have t	he same legal effe	ect as if ma	ade under oath: that I am a managing meml	er or manage	r of the	

SIGNATURE: ENGLISHED TO SIGNING MANAGING MEMBER MANAGER, OF AUTHORIZED REPRESENTATIVE