LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State

DOCUMENT # L9800001442 I. Entity Name				Secretary of State 04-30-2002 90007 006 ****50.00	
	O NOT WRITE		ACE	·	
2. Principal Place of Business 5084 Sorrento Count Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State Cape Zip 3390	Coral, FL.	City & State	Country	4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired Fee Required	
	DO NOT W	the same of the sa		7. Name and Address of Current Registered Agent 7. I A M A JAR BOE !! (PO-Box Number is Not Assentable)	
8. The above named entity submits this statement for the purpose of chargeing its egg			Cit Corporation of the Corporati	ered agent, or both, in the State of Florida.	
SIGNATURE	duie, typied or printed name of registered agent a	F Make Check Pay	EE IS \$50.00 rable to Department UE BY MAY 1	of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR WILLIAM JAYL 1600 HIGHWAYS Dooglasulle, GA		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	•	
STREET ADDRESS CITY-ST-ZIP		this filing does not qualify for	STREET ADDRESS CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the information	

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. Fidure: Certify that the information 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 Chaptel 608. Florida Statutes.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING MAN.

R, MANAGER, ON AUTHORIZED REPRESENTATION

4/10/2002

941 945-1693

Daytime Phone #