2000	UNIFORM BUS	INESS REP	ORT (UBR)	APPROVED	
DOCUI		0002461		FILED	
	46, I, L.L.C.			00 MAR 30 PM 12: 31 -	and it a
Principal Place of Business Mailing Address 213 SHADY OAK CIRCLE 213 SHADY OAK CIRCLE LAKE MARY FL 32746 LAKE MARY FL 32746-366				SECRETARY OF STATE ALLAHASSEE, FLORIDA	v-f-11100
2. Principal Pl	ace of Business	3. Mailing Address		I (UDITITI DID (OLUT)ADIT DDID OBTITITUTI DD	IT BOUTO ITOTE BINE OLENE ILAN LAND
Suite, Apt. #, etc.				DO NOT WRITE IN TH	S SPACE
City & State City & State			4. FEI Number 59-3544843	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registere	
BALL, THOMAS B III 213 SHADY OAK CIRCLE LAKE MARY FL 32746			Name Street Addre	ss (P.O. Box Number is Not Acceptable)	
			City	` _	Zip Code
. The above	named entity submits this statement for	or the purpose of changing	its registered office or registered	stered agent, or both, in the State of Florida.	•
				ured when reinstating) DATE	
	Signature, typed or printed name of registered agent		NOTE: Registered Agent signature req		
	·		NOW !!! FEE IS \$50.0 Payable to Departmen		
: TLE	MANAGING MEMB		10. TITLE	ADDITIONS/CHANG	ES Addition
AME TREET ADORE88 ITY- 8T- ZIP	BALL, T.B. III 213 SHADY OAK CIRCLE LAKE MARY FL 32746-3685		NAME STREET ADDRESS CITY-ST-ZIP		
TLE		Octeto	TITLE	500003209	
AME TREET ADDRE88 : TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		NAME STREET ADDRESS CITY-ST-ZIP	-04/12/00= *****50.00	=01012-=025
TLE HAKE IBEET ADURESS TY- ST- ZIP		Delete	TITLE NAME \$TREET ADDRE 8 \$ CITY-\$T-ZIP		Change []] Addition
TLE AME (REET ADDRESS TY-SY-ZIP		Delete	TITLE NAME STREET ADDRESS CITY- ET-ZIP		Change Addition
TLE Ame Ireet adore#8		Delete	TITLE MANE STREET ADDRESS		Chango Addition
TY-\$T-ZIP TLE IME IREET ADDRESS	<u>.</u>	Deteta	CIYY-8T-ZIP TITLE NAME STREET ADDRESS		Change Addition
ITY-,#T-ZIP _{p1,21}	1.1.5.551.40		CITY- ST-ZIP		
indicated limited liat	ertify that the information supplied with on this report is true and accurate and oility company or the receiver or truste URE:	I that my signature shall ha e empowered to execute t	ave the same legal effect as	. 1 . 1	324 -0444