2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002896

1. Entity Name

GEZIK/INDIA L.L.C.



FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90124 042 ****50.00

Principal Plac	e of Business	Mailing Address									
5561 US HIGHWAY 1 SOUTH ROCKLEDGE FL 32955		5561 US HIGHWAY 1 SOUTH ROCKLEDGE FL 32955									
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 Num	4. FEI Number 59-7138565		Applied For Not Applicable			
Zip	Country	Zip Count		stry	5. Certifica	5. Certificate of Status Desired			\$5.00 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent			7 Name ar	nd Address of New Reg	nistered An	ent			
GEZIK, JAMES F				Name							
556				Street Address (P.O. Box Number is Not Acceptable)							
ROCKLEDGE FL 32955											
				City			FL	Zip Cod			
the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or regi	istered agent, or b	oth, in the State of Florid	da. I am fan	niliar with,	and accept		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signature req	quired when reinstating)		DATE				
		Make Check Payabi	e to Fl	FEE IS \$50.0 orida Departi ay 1, 2003				·			
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/C	HANGES		}		
TITLE	MGR	☐ Delete	TITLE			<u> </u>		Change	☐ Addition		
NAME	gezik, james f		NAM	Ε			_		_		
STREET ADDRESS	5561 US HIGHWAY 1 S.		STRE	ET ADDRESS							
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY	-ST-ZIP					1		
TITLE	MGR	☐ Delete	TITLE] Change	☐ Addition		
NAME	gezik, wanda		NAM	E					ļ		
STREET ADDRESS	5561 US HIGHWAY 1 SOUTH		STRE	ET ADDRESS					İ		
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY	-ST-ZIP							
TITLE	. ** — . was - approxima	Delete	ŢŢŢ			المستعدد ويوسد ساير الومان] Change.	☐ Addition		
NAME		-	NAM:	E							
STREET ADDRESS				ET ADDRESS					Ì		
CITY-ST-ZIP			+-	-ST-ZIP			_	7 •:			
TITLE		☐ Delete	TITLE				Ł	Change	☐ Addition		
NAME STREET ADDRESS			NAM	ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
			-				· · · · · · · · · · · · · · · · · · ·	7 Oh	Addition		
TITLE NAME	•	☐ Delete	TITLE				Ł] Change	☐ Addition		
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP					1		
TITLE		☐ Delete	TITLE				Г	Change	Addition		
NAME			NAMI				_	go			
STREET ADDRESS			STRE	ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
1											

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. I further 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 Chapter 608, Florida Statutes.

MANAGER, OR AUTHORIZED REPRESENTATIVE