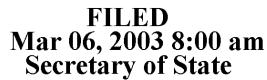
2003 LIMITED LIABILITY COMPANY



**************************************	, L.L.C.					9 01 S 00000000000000000000000000000000000	0.00
Principal Plac 34031 HIGHLA LEESBURG FL		Mailing Address 34031 HIGHLAND DRIVE LEESBURG FL 34788	1				
2. Principal F	Place of Business Harris Rd	3. Mailing Address	ris Rd				
Suite, Apt		Suite, Apt. #, etc.	113 14		☐ CHECK HERE IF M	MAKING CHANGES	
City & Sta	·	City & State Tavares F	<u> </u>	4. FEI Nur	nber 59-3553349	 	oplied For
3277	8 Country	32778	Country	5. Certific	ate of Status Desired	\$5.00 Ad Fee Require	ditional
-	6. Name and Address of Curren	Registered Agent		7. Name a	nd Address of New Regis	stered Agent	
348 LEE 3 \	LKER, LYNN M 31 HIGHLAND DRI VE SBURG FL 3478 8 847 HARRIS		31847		(P.O. Box Number is Not Acceptable)		
8. The above	named entity submits this statement for its stat	or the purpose of changing its i	City Tal	201°CS egistered agent, or	ooth, in the State of Florida	FL Zip Cod 3 2 a. I am familiar with,	778
8							Į
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent signature	e required when reinstating)		DATE	
8	Signature, typed or printed name of registered agent	FILE NO Make Check Payable	W!!! FEE IS \$5	0.00	,	DATE	
SIGNATURE		FILE NO Make Check Payable Due	W!!! FEE IS \$5 e to Florida Depa By May 1, 2003	0.00	ADDITIONS/CHA		
8	MANAGING MEMBI MGR WALKER, LYNN M 34031 HIGHLAND DRIVE LEESBURG FL 34788	FILE NO Make Check Payable Due	W!!! FEE IS \$5 e to Florida Depa By May 1, 2003	0.00 ertment of State	ADDITIONS/CHA		Addition t
9. TITLE NAME STREET ADDRESS	MANAGING MEMBI MGR WALKER, LYNN M 34031 HIGHLAND DRIVE	FILE NO Make Check Payable Due	W!!! FEE IS \$5 e to Florida Depa By May 1, 2003	0.00 ertment of State	additions/ch/ ri's Rd 2 32778	ANGES ⊠ Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBI MGR WALKER, LYNN M 34031 HIGHLAND DRIVE	FILE NO Make Check Payable Due ERS/MANAGERS Delete	W!!! FEE IS \$5 e to Florida Depa By May 1, 2003 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	0.00 ertment of State		ANGES ⊠ Change	
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