APPROVEU AND

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000958  1. Entity Name		_
SOUTH COAST BODY BUILDING, LLC		00 APR 28 AM 8: 51
		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address		TALLAHASSEE, FLORIDA
11951 US HIGHWAY 1 11951 US HIGHWAY 1		
NORTH PALM BEACH FL 33408 NORTH PALM BEACH	FL 33408-2846	
2. Principal Place of Business 3. Mailing Address		* 1881/101/ 0/6 10/10 18/11 80/1/ 80/1/ 80/1/ 80/1/ 80/1/ 80/1/ 80/1/ 40/10 40/1/ 80/1/
Suite, Apt. #, etc Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State City & State		4. FEI Number Applied For
		65-089-5972 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 Registered Agent
RUDOWSKY, THŌMAS	Name	
11951 US HIGHWAY 1	Street Addre	ess (P.O. Box Number is Not Acceptable)
NORTH PALM BEACH FL 33408		
	City	FL Zip Code
SIGNATURE	ILS registered office of registered Agent signature rec	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (N  FILE I  Make Check II		quired when reinstating)  DATE
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (Name of the printed name of the prin	OTE: Registered Agent signature rec  NOW!!! FEE IS \$50.  Payable to Departmen	quired when reinstating)  DATE  OD  It of State  ADDITIONS/CHANGES
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (Note: Note:	OTE: Registered Agent signature recommendation of the second section of the second sec	quired when reinstating)  DATE  DATE  The state
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (Note: Note:	OTE: Registered Agent signature recommendation of the Payable to Departmend    10.  TITLE  NAME  STREET ADDRESS	quired when reinstating)  DATE  ADDITIONS/CHANGES  Charge Addition
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (No FILE 1 Make Check III)  MANAGING MEMBERS/MEMBERS  ITILE IAME RUDOWSKY, AMY 11951 US HIGHWAY 1 NORTH PALM BEACH FL 33408	OTE: Registered Agent signature recommendation of the Payable to Departments of the Payable to D	addition  Addition  DATE  ADDITIONS/CHANGES  Charge Addition  -05/12/80010199999-013 Addition
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (N  FILE I  Make Check I  MANAGING MEMBERS/MEMBERS  ITILE IAME RUDOWSKY, AMY 11951 US HIGHWAY 1 NORTH PALM BEACH FL 33408  ITILE IMGR RUDOWSKY, THOMAS	OTE: Registered Agent signature recommendation of the Payable to Departmental of the Payable	quired when reinstating)  OO nt of State  ADDITIONS/CHANGES  Charge Addition
FILE I Make Check I  Delete  MANAGING MEMBERS/MEMBERS  MANAGING MEMBERS/MEMBERS  MANAGING MEMBERS/MEMBERS  Delete  RUDOWSKY, AMY  11951 US HIGHWAY 1  NORTH PALM BEACH FL 33408	OTE: Registered Agent signature recommendation of the Payable to Departmental of the Payable	addition  Addition  DATE  ADDITIONS/CHANGES  Charge Addition  -05/12/00-010199000003 Addition
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (No FILE I Make Check I Make Chec	NOW!!! FEE IS \$50. Payable to Departmer  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	addition  Addition  DATE  ADDITIONS/CHANGES  Charge Addition  -05/12/00-010199000003 Addition
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SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.    FILE   Make Check   Make Check	OTE: Registered Agent signature reconstruction of the comparation of t	ADDITIONS/CHANGES  ADDITIONS/CHANGES  Change Addition  400000000000000000000000000000000000
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SIGNATURE: SIGNALEME REQU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGE

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Davime Phone #

Daytime Phone #