## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X SIGNATURE AND TYPE

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 A Fee Required Agent 7. Name and Address of New Registered Agent Name STORACE, MICHAEL R Surset Address (P.O. Box Number is Not Acceptable)  STORACE, SUITE 504 MIAMI FL 33143  City FL Zip Co  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$50.00	Applied For Not Applicable dditional
SONLIFE, L.L.C.  OD MAY -9 AM 9: 50  SECRETARY OF STATE FALL AHASSEE, FLORIDA  5975 SUNSET DRIVE. SUITE 504 MIAMI FL 33143  SUITE 504 MIAMI FL 33143  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  St. Certificate of Status Desired  6. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  STORACE, MICHAEL R  5979 SUNSET DRIVE, SUITE 504 MIAMI FL 33143  City  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  8. The above named entity submits this statement for the purpose of changing its registered differ or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title 4 applicable.  (NOTE: Registered Agent signature required when relinatating)  DATE  FILE NOW!!! FEE IS \$50.00	Applied For Not Applicable dditional
5975 SUNSET DRIVE. SUITE 504 MIAMI FL 33143  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired. Fee Requit  6. Name and Address of Current Registered Agent  Name  STORACE, MICHAEL R  5979 SUNSET DRIVE, SUITE 504 MIAMI FL 33143  City  FL  Zip Co  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typied or printed name of registered agent and stot of applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$50.00	Applied For Not Applicable dditional
5975 SUNSET DRIVE. SUITE 504 MIAMI FL 33143  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired. Fee Requit  6. Name and Address of Current Registered Agent  Name  STORACE, MICHAEL R  5979 SUNSET DRIVE, SUITE 504 MIAMI FL 33143  City  FL  Zip Co  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typied or printed name of registered agent and stot of applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$50.00	Applied For Not Applicable dditional
Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Storeact Address of Current Registered Agent  7. Name and Address of New Registered Agent  STORACE, MICHAEL R  5979 SUNSET DRIVE, SUITE 504  MIAMI FL 33143  City  FL Zip Co  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DO NOT WRITE IN THIS SPACE  4. FEI Number  65-0921093  Fee Required  Fee Required  7. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Co  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE	Applied For Not Applicable dditional
City & State  City & State  City & State  Country  5. Certificate of Status Desired.  Fee Required  7. Name and Address of New Registered Agent  Name  STORACE, MICHAEL R  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Country  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE	Not Applicable
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FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State	
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9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES	
TITLE MGR Dedects TITLE Change  NAME STORACE, MICHAEL R  STREET ADDRESS  CITY-ST-ZIP MIAM! FL 33143  CITY-ST-ZIP CITY-ST-ZIP	Addition
TITLE . Delete TITLE Change	Addition
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	513 <sup>-5</sup>
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TITLE Change  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	Addition
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TITUE: Delete TITLE Change NAME STREET ADDRESS TITLE Change	Addition
11. I hereby certify that the information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated on this report is true and accurate and that my argulature shall have the same legal effect as if made under oath; that I am a managing member or managing the imited liability company or the receiver for trustile improved to execute this report as required by Chapter 608, Florida Statutes.	information ger of the