## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

1. Entity Name			02 APR 29 AM 11: 47
Howman International LC			SECRETARY OF STATE TALLAHASSEE, FLORIDA
DO NOT WRITE  2. Principal Place of Business	3. Mailing Address		
1333 N. DWal St. Suite, Apt. #, etc.	J. DWal St. 1333 N. DWal St. Suite, Apr. #, ctc.		DO NOT WRITE IN THIS SPACE
Tallahassee, FL	FL Tallahassee, FL		4. FEI Number Applied For
Zip 302 Country		Country	5. Certificate of Status Desired 55.00 Additional
	00000-		7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE		Street Address	da Filing & Search Services, Irc. (P.O. Box Number is Not Acceptable)
		1333	s N. Dival St.
8. The above samed orbits submits this statement for	th auracia di abassina ila sesia	' \a	Plahassee FL Zig Code 32302
8. The above parmed entity submits this statement for SIGNATURE	Hodel	erea office or register	ed agent, or both, in the State of Florida.
	Make Check Payab	IS \$50.00 le to Department BY MAY 1	of State
9. MANAGING MEMBER	S/MANAGERS	TITLE	
NAME Debra Grace Akad STREET ADDRESS English River, VI	ctoria	NAME STREET ADDRESS CITY-SI-ZIP	(15) (15) (15) (15)
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Mahe, Seychall  Mahe, Seychall		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000053700079
NAME STREET ADDRESS CITY-S1-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. Liberaby certify that the information supplied with the		TITLE NAME STREET ADDRESS CHTY-ST-ZIP	tion 119.07(3)( i), Florida Statutes. I further certify that the information

implicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that lam 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. I further certify that the informatic limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

-94-02

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 PH: (850) 668-4318 FX: (850) 668-3398

DATE:

04-29-02

ACCOUNT NO:

FCA00000015

**AUTHORIZATION:** 

ABBIE/PAUL HODGE

TYPE OF FILING: UNIFORM BUSINESS REPORTS

NAME: 34 LIMITED LIABILITY COMPANIES

SPECIAL INSTRUCTIONS: NONE

\$100.00

**C** 

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