LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 29 AM 11: 47

1. Entity Name			UZ AFR ZJ RITIT 41	
Grantham International C			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 1333 N. DWal St. 1333 N. DWal St.				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Tallahasse, FL	Tallahasse, FL		4. FEI Number	Applied For Not Applicable
Zip 302 Country	Zip 303 Country		5. Certificate of Status Desired	
DO NOT W	DITE	Name Florid	7. Name and Address of Current Regis	ch Services. Irc
IN THIS SP	Street Address (Street Address (P.O. Box Number is Not Acceptable)		
		1333 N. Dwal St.		
8. The above parned catity submits this statement for t	re purpose of changing its regis	stered office or registered	Dahassee gragent, or both, in the State of Floridge.	FL 33303
SIGNATURE Signature, typed or printed name of legistored agent a	nd title if applicable:	/		7102
		E IS \$50.00 able to Department o	of State	
9. MANAGING MEMBER	DU	E BY MAY 1		
TITLE MGR NAME Debra Grace Ake	•	TITLE NAME		
STREET ADDRESS English River,	victoria halles	STREET ADDRESS CITY-ST-ZIP		83B 7
TITLE MER D- Red I		TITLE NAME	3000053	700032
STREET ADDRESS ANSE Boleau CITY-ST-ZIP Mahe Seych	نه ۱۵۵ م	STREET ADDRESS CITY-ST-ZIP		
TITLE AME		TITLE NAME		
**************************************		STREET ADDRESS CITY-ST-ZIP	DO NOT W	RITE
TITLE NAME STREET ADDRESS		TITLE NAME	IN THIS SP	ACE
CITY-ST-ZIP	- v	STREET ADDRESS CITY-ST-ZIP	- A	
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS		NAME STREET ADDRESS		
hereby certify that the information supplied with the indicated on this report is true and accurate and the indicated on this report is true and accurate and the indicated on this report is true.	nis filing does not qualify for the	CITY-ST-ZIP exemption stated in Sectionard legal effect as if made	on 119.07(3)(i), Florida Statutes. I furtho	er 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 Statu Time the company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statu Time the company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statu Time the company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. If under certify that the information 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. If under certify that the information 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.				
SIGNATURE: Auth . Rep. 4-34-02 302-431-5750 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REFERENTATIVE Date DoyLine Prone (

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

\$1700.00

Contraction

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