## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME

FILED

4-24-02

| OCCUMENT # L9900002814   |   |  | UZ APK 29 ANTII: 47  |  |
|--|---|--|--|--|
| Hendra International LC  |   |  | SECRETARY OF STATE<br>TALLAHASSEE. FLORIDA   |  |
| DO NOT WRITE   | IN THIS SPAC  | CE   |  | ·  |
| 2. Principal Place of Business 1333 N. DWal St. Suite, Apt. #, etc.  | 3. Maiting Address 1333 N. DWal St. Suite, Apt. #, etc.   |  | DO NOT WRITE IN THIS SPACE   |  |
| Tallahassee, FL  | Tallahassee, Ft   |  | 4. FEI Number  | Applied For Not Applicable                           |
| Zip 302 Country  | Zip<br>ろうろのる Country  |  | 5. Certificate of Status Desired 55.00 Additional Fee Required   |  |
| DO NOT WRITE<br>IN THIS SPACE  |   | 7. Name and Address of Current Registered Agent Name Florida Filing & Search Services, Irc. Street Address (P.O. Box Number is abl Acceptable)  1333 N. Dwal St.  City Tallahassee FL Zip Code 32302 |  |  |
| 8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent in   | nd tille if applicable.  FEE IS  Make Check Payable   | \$ \$50.00   | L   -  | 10/02  |
| 9. MANAGING MEMBER   |   |  |  |  |
| NAME Debra Grace Akatsa<br>STREET ADDRESS English River, Victoria S  |   | LE<br>ME<br>ÆET ADDRESS<br>Y-ST-ZIP  |  |  |
| STADDRESS ARSE Borleau ST. ZIP Maho, Seychallas Cr   |   | LE<br>ME<br>EEET AODRESS<br>Y-ST-ZIP   | 40000537   | 700049   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | DO NOT WR  | <b>ITE</b>   |
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| TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP   |   | 1  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | CITY  | EET ADDRESS<br>(-ST-ZIP  |  |  |
| <ol> <li>I hereby certify that the information supplied with the<br/>indicated on this report is true and accurate and the<br/>limited liability company or the receiver or flustee expenses.</li> </ol> | nis filing does not qualify for the exem<br>at my signature shall have the same<br>empowerfil to execute this report as | ption stated in Section<br>egal effect as if made<br>equired by Chapter 6  | n 119.07(3)( i), Florida Statutes, I further of<br>under oath; that I am a managing mem<br>i08, Florida Statu tes. | ertify that the information<br>ber or manager of the |

## FLORIDA FILING & SEARCH SERVICES, INC.

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ACCOUNT NO:

FCA00000015

**AUTHORIZATION:** 

ABBIE/PAUL HODGE

TYPE OF FILING: UNIFORM BUSINESS REPORTS

NAME: 34 LIMITED LIABILITY COMPANIES

SPECIAL INSTRUCTIONS: NONE

\$1700.00

Charles

RECEIVED

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