2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # L990000 oldings international					-	2003 A	FILE	D PM 1:23	
Principal Place of Business 1182 E. NEWPORT CENTER DR. DEERFIELD BEACH FL 33442		Mailing Address 1182 E. NEWPORT CENTER DR. DEERFIELD BEACH FL 33442		SOD WE		DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA			15	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 65-09			1794		oplied For of Applicable	
Zip	Country	Zip .	Countr	ry			of Status Desire		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Nome		7. Name and	Address of Ne	w Registere	d Agent	 -
RAC	K, GARY		1	Name						
1182 E. NEWPORT CENTER DR. DEERFIELD BEACH FL 33442				Street Address (P.O. Box Number is Not Acceptable)						
				City				F	Zip Cod	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or	registere	ed agent, or both	, in the State o	f Florida. I ar	n familiar with,	and accept
SIGNATURE .										
<u></u>	Signature, typed or printed name of registered agent a					when reinstating)		DATE	·	
		FILE NO Make Check Payable Due	e to Flo	EE IS \$5 rida Dep y 1, 2003	artmer	nt of State 0	03-015 03-0104	5-44 1017	215 ***50.00)
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDITIO	NS/CHANG	ES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RACK, GARY 1182 E. NEWPORT CENTER DR. DEERFIELD BEACH FL 33442	Delete		- 1	1182	Marketing P.E. Newpo rfield Be	ort Cent	h Carol er Driv . 3344	e ·	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		J					☐ Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		T ADDRESS ST-ZIP					☐ Change	Addition
11. I hereby condicated limited liai	ertify that the information supplied with on this report is true and accurate and pility company or the receiver or trustee SM MARKETING OF	that my signature shall have to empowered to execute this r	he same eport as r	legal effec required by	t as if ma v Chapte	ction 119.07(3)(i) ade under oath; er 608, Florida St	, Florida Statut that I am a ma atutes.	es. I further o	ertify that the ir ber or manage	nformation of the

BY: SIGNATURE RECOURTED 4-4-03 954-28/-2400
NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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Examiner's Initials