## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED May 27, 2002 8:00 am Secretary of State

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Info Source I.	nternatii	onal W	<u>-</u> .	
DO NOT WRITE	E IN THIS S	967916		
2. Principal Place of Business, 3534 Smith field Rd. 3534 Smith field Rd. 3534 Smith 1		held Rd		
Suite, Apt. #, etc.  Suite, Apt. #, etc.		¥606	DO NOT WRITE IN THIS SPACE	
City & State Jacksonvill FL	City & State Sacry i'lle FL		4. FEI Number Applied For Not Applicable	
Zip Country USH	Zip 322 17	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
DO NOT WRITE IN THIS SPACE			Name College, Tax & Retirement Strategies Lic Street Address (P.O. Box Number is Not Acceptable)	
		3/19 Sp1	3119 Spring flen Rd. Suite 111	
8. The above named entity submits this statement fo	r the purpose of changing its re		Soncille FL	Zip Code 3R207
SIGNATURESignature, typed or printed name of registered agen			DATE	
9. MANAGING MEMBE	Make Check Pa	FEE IS \$50.00 yable to Department DUE BY MAY 1	of State	
NAME STREET ADDRESS CITY-ST-ZIP  ACCEPTAGE  President  Aleksand  For the field  Jacksopwill  Jac		TITLE NAME STREET ADDRESS CITY: ST-ZIP		CRZE083B (12/01)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE.  NAME  STREET ADDRESS  CITY- ST- ZIP		
I hereby certify that the information supplied with indicated on this report is true and accurate and t limited liability company or the receiver or rustee  SIGNATURE:	this filing does not qualify for the hat my signature shall have the empowered to execute this re	ne exemption stated in Seci e same legal effect as if ma port as required by Chapte	tion 119.07(3)( i), Florida Statutes. I further certif de under oath; that I am a managing member r 608, Florida Statu tes.  05/15/02 /goy	_