2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

TAMPA FL 33609

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

5405 CYPRESS CENTER DRIVE, SUITE 320

Country

10.

TITLE

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NAME STREET ADDRESS

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City

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Country

106 S. TAMPANIA AVE., SUITE 200

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

5405 CYPRESS CENTER DRIVE, SUITE 320

5405 CYPRESS CENTER DRIVE, SUITE 320

MANAGING MEMBERS/MANAGERS

1. Entity Name

TAMPA FL 33626

Principal Place of Business

12379 WEST LINEBAUGH AVE.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

9.

TITLE NAME

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HOLCOMB, VICTOR W

TAMPA FL 33609

the obligations of registered agent.

MGRM

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RATH, FRED H

TAMPA FL 33609

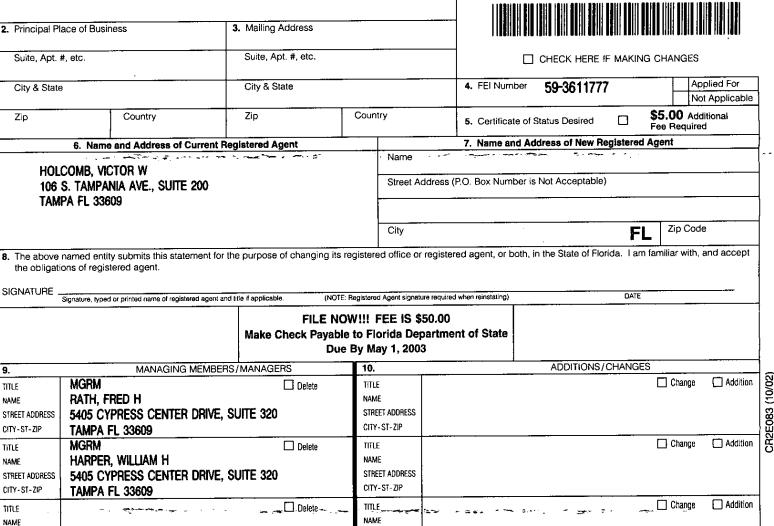
TAMPA FL 33609

HARPER, WILLIAM H



FILED Mar 11, 2003 8:00 am **Secretary of State** 03-11-2003 90028 029 ****50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

OR AUTHORIZED REPRESENTATIVE

8/3-676-8P60 Dayline Phone #

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Addition

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