2001	UNIFORM	BUSINESS	REPORT ((UBR)
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DOCL	MÉNT# 1.99000	0003605		EU ED	ğ		
1. Entity Nam	ne .	000000	FILED				
CARMEL	IT BUILDERS, L.L.C.	•	01 MAR 21 PM 12: 45				
Principal Plac	e of Business	Mailing Address	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2581 N.W. 36TH STREET 2581 N.W. 36TH STREET BOCA RATON FL 33434 BOCA RATON FL 33434				The Entire Control			
				A FECTIVE DIE HONE IDEN ECHT EDIN ECHT EDIN ECHT ER DE ETHE ETHE ETHE ETHE ETHE	IN III		
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, e			<u> </u>	DO NOT WRITE IN THIS SPACE:			
City & State City & State			ي، جدر جيدي ي	4. FEI Number 59-0608893 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required			
	6. Name and Address of Current Re	gistered Agent	 	7. Name and Address of New Registered Agent			
•	ioseph d Jr. V. 36th Street	•	Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33434							
			City	City FL Zip Code			
·	Signature, typed or printed name of registered agent and	FILE N	E: Registered Agent signature re OW!!! FEE IS \$50. ayable to Department	0.00			
9.	MANAGING MEMBER	S/MEMBERS	10.	ADDITIONS/CHANGES			
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐	Addition 8		
NAME Street Address City-St-Zip	SIX SISTERS PLANTATION, INC. 2581 N.W. 36TH STREET BOCA RATON FL 33434		NAME STREET ADDRESS CITY-ST-ZIP		HZE083 (11/00)		
TITLE	MGR	☐ Delete	TITLE NAME	Change	Addition 8		
NAME STREET ADDRESS CITY-ST-ZIP	JUDGE, JOSEPH D JR. 2581 N.W. 36TH STREET BOCA RATON FL 33434		STREET ADDRESS CITY-ST-ZIP	800003911048	.		
TITLE	BOOM HATON FL 33434	☐ Delete	TITLE	-U3/27/U1010th1cmann013-1	Addition		
NAME STREET ADDRESS			NAME Street address	****150.00 *****50.0	10		
CITY-ST-ZIP			CITY-ST-ZIP	,			
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐	Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Defete	TITLE	☐ Change	Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS	•			
CITY-ST-ZIP TITLE		Delete	CITY-ST-ZIP	☐ Change ☐	Addition		
NAME			NAME	i cominge (ii)			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	:			
indicated	ertify that the information supplied with thi on this report is true and accurate and the bility company or the receiver or trustee e	at my signature shall have	the same legal effect as	in Section 119.07(3)(i), Florida Statutes. I further certify that the informasi if made under oath; that I am a managing member or manager of the Chapter 608, Florida Statutes.	ation		

ELLER JOSE DE D JUNGE JR 3/17 01

NO MANAGER OF AUTHORIZED REPRESENTATIVE Date