LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

02	APR	29	:01 MA	1	
	* .,		. ,		

1. Entity N	UNENT# _990		02 APR 29 AM 10: 11				
1	Sherman, Coo	ter	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	DO NOT WRITE	IN THIS S	PACE				
2. Principal Place of Business 1333 N. DW al St. 1333 N. DW Suite, Apt. #, etc. 3. Mailing Address 1333 N. DW Suite, Apt. #, etc.			Dwal	St.	DO NOT WR	ITE IN THIS SPACE	
Talla	chassee, FL	Tallahas	100 El	4. FE	Number		Applied For
Zip Zip			Country				Not Applicable
		39303	<u> </u>		tificate of Status Desired	Fee R	O Additional equired
	DO NOT W	-	Name		and Address of Current		
	DO NOT WI	Address (P.O. Box	Number is Not Acceptable	arch Se	Trices Irc		
	IN THIS SP	ACE	<u>-</u> -		- Acceptable) 	
			<u> </u>	<u>33 N.</u>	Divial !	H .	
8. The above	named entity cub miss this		City -	Tallah	asse	FL Zig	39309'
SIGNATURE	e named entity submits this statement for in	220	egistered office or r	egistered agent, or	both, i n the State of Fl	rida.	77
		- O F	EE IS \$50.00		T	DATE	
		Make Check Pay	yable to Depart	ment of State]	•	
9.	MANAGING MEMBERS		UE BY MAY 1				
TITLE	MGR		1715				-
NAME STREET ADDRESS	Hans Peter Du Lio	\sim	TITLE NAME			. •	[
CITY-ST-ZIP	Diepestraat 106 Antwerp Belgium	20.0	STREET ADDRESS				5
TITLE	MER	7000	CITY-ST-ZIP TITLE				888
NAME STREET ADDRESS	To Josef Maria M		NAME		300005	37039	531
CITY-ST-ZIP	Klaproostraat 70	JE TO A	STREET ADDRESS				
TITLE	money Bosgin	$m = \omega_0 \omega$	CITY-ST-ZIP		<u> </u>	· .	
Name Street address			NAME				
CITY-ST-ZIP			STREET ADDRESS		DO NOT		
TITLE			CITY-ST-ZIP	<u> </u>	DO NOT V	VKIIE:	
NAME STREET ADDRESS			NAME		IN THIS S	PACE	E CANADA
CITY-ST-ZIP			STREET ADDRESS				
ITLE			CITY-ST-ZIP		<u> </u>		
TREET ADDRESS			TITLE NAME				
ITY-ST-ZIP			STREET ADDRESS				,
TLE			CITY-ST-ZIP		<u> </u>	<u></u>	
AME FREET ADDRESS			TITLE NAME			1.433.23	
TY-ST-ZIP			STREET ADDRESS	,			
I hereby cer indicated as	rtify that the information supplied with this find this report is true and accurate and that religious company or the received on the second	ling does not qualify for the	CITY-ST-ZIP	Carrie and	<u> </u>		
limited liabit	lity configure or the received as trans-	y signature shall have the sa	ame legal effect as	if made under see	(i), Florida Statutes, I fur	ther certify that the	information

wered to execute this report as required by Chapter 608, Florida Statu

Tam a managing member or manager of the tes.

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

302-421-5750

Daytime Phone #

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 PH: (850) 668-4318 FX: (850) 668-3398

DATE:

04-29-02

ACCOUNT NO:

FCA00000015

AUTHORIZATION:

ABBIE/PAUL HODGE

TYPE OF FILING: UNIFORM BUSINESS REPORTS

NAME: 33 LIMITED LIABILITY COMPANIES

SPECIAL INSTRUCTIONS: NONE

\$1450,00

OZ APR 29 PH 1: 07