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

## DOCUMENT # L9900004239

1. Entity Name

SIGNATURE:

## CORPORATE IMAGE BUREAU LC



## FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90187 022 \*\*\*\*55.00

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46. DOUGLAS, AVE. STE 2005.1 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714  2. Principal Place of Business 46.8 WILD OAK CYRCLE Suite, Apt. #, etc.  City & State COTY	Principal Plac	ce of Busines		Mailing Address								
2. Principal Piece of Business 468 WILD OAK CIRCLE Suita, Apt. 4. dtc. Suita, Apt. 4.	445 DOUGLAS	S.AVESTE 20		445 DOUGLAS AVE.: STE	445 DOUGLAS: AVE STE: 2005-1				<del></del>			_=
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Suite, Apt. #, etc.  Suite, Ap	2. Principal F	Place of Busin	ness	3. Mailing Address			<b>─</b>      <b>  </b>					
Suite, Apt. #, etc.    Suite							€   '''''	DAN OND NORMA LOREN GOVER AUSEL		<b>8</b> 1018 11018 (	J. 1	
City & State  CONG WOOD  CONTY U SA  Zip 32779  Country U SA  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  FERREIRA, JUAN C  445 DOUGLAS AVE., STE 2005-1  ATLAMONTE SPRINGS FL 32714  City  FL Zip Code  8. The above named entity supmiss his partitionent for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable)  FILE NOW!!! FEE IS \$5.00  Māke Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS  TITLE  MGR  FERREIRA, JUAN C  445 DOUGLAS AVE., STE 2005-1  ALTAMONTE SPRINGS FL  TITLE  MGR  FERREIRA, JUAN C  45 DOUGLAS AVE., STE 2005-1  ALTAMONTE SPRINGS FL  TITLE  MGR  FERREIRA, JUAN C  45 DOUGLAS AVE., STE 2005-1  ALTAMONTE SPRINGS FL  TITLE  NAME  SITEET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  SITEET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  SITEET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STRET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TI								CHECK HERE IE MAKING CHANGES				
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FERREIRA, JUAN C 445 DOUGLAS AVE., STE 2005-1 ATLAMONTE SPRINGS FL 32714  8. The above named entity submits this anatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered exercise.  SIGNATURE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  ITILE NAME FERREIRA, JUAN C 445 DOUGLAS AVE., STE 2005-1 ALTAMONTE SPRINGS FL  ITILE NAME SIREET ADDRESS CITY-ST-ZIP  ITILE SIREET ADDR	<sup>Zip</sup> 327	179	Country U SA	<sup>Zip</sup> 3277 <i>9</i>	Coun	"USA	5. Certifica	te of Status Desired	[2] \$	5.00 Ade	ditional ed	[
FERREIRA, JUAN C 445 DOUGLAS AVE., STE 2005-1 ATLAMONTE SPRINGS FL 32714  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this attlement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of FL SS 0.30  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due by May 1, 2003  9. MANAGING MEMBERS/MANAGERS  ITILE  MAGR  FERREIRA, JUAN C  445 DOUGLAS AVE., STE 2005-1  ALTAMONTE SPRINGS FL  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Change  Additional Common of Common o							7. Name a	nd Address of New R	egistered Aç	jent		1
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8. The above named entity submits this attalement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name to registered agent to the purpose of changing its registered agent signature required when reinstating)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  ITILE  MGR  FERREIRA, JUAN C  STREET ADDRESS  CITY-ST-7IP  ALTAMONTE SPRINGS FL  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-7IP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-7IP	( · · · · · · · · · · · · · · · · · · ·					Street Address (P.O. Box Number is Not Acceptable)						
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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 or truetee empowered to execute this report as required by Chapter 608, Florida Statutes.	indicated	d on this repor	t is true and accurate and t	that my signature shall have	the same	e legal effect as i	f made under oa	th: that I am a manao	further certify ing member	that the in the manage	nformation er of the	