

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90166 021 ****50.00

DOCUMENT # L99000004573 ✓
1. Entity Name
Unlimited Destinations, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>535 Oaks Drive</u> Suite, Apt. #, etc. <u># 304</u> City & State <u>Pompano Beach, FL</u> Zip <u>33069</u> Country <u>USA</u> <u>Broward</u>		3. Mailing Address <u>1291A South Powerline Road</u> Suite, Apt. #, etc. <u>PMB 289</u> City & State <u>Pompano Beach, FL</u> Zip <u>33069</u> Country <u>USA</u> <u>Broward</u>	
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4. FEI Number <u>65-0941400</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Andrew L. Nachby</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>535 Oaks Drive</u>	
<u>#304</u>	
City <u>Pompano Beach</u>	Zip Code <u>33069</u>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Andrew L. Nachby DATE 4/15/02
Signature, typed or printed name of registered agent and fee if applicable.

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>Andrew L. Nachby</u> <u>535 Oaks Drive #304</u> <u>Pompano Beach FL 33069</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>Diane Nachby</u> <u>4030 Palm Ave Dr. W #407</u> <u>Pompano Beach FL 33069</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Andrew L. Nachby

4/15/02

954-969-7752

CR2E083B (12/01)