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

## DOCUMENT # L9900005277

CITY-ST-ZIP

PICKING NOSES, L.L.C.



**FILED** May 01, 2003 8:00 am' Secretary of State

05-01-2003 90077 050 \*\*\*\*50.00

F. LAUDERDALE FL 33316  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  S. Cortificate of Status Desired  For Regulatorial  For Regulatorial  For Regulatorial  For Regulatorial  FORMAN, M. AUSTIN  888 SOUTHEAST THIRD AVENUE  FORT LAUDERDALE FL 33302  City  FL  Zip Code  City  FL  Zi					N THE					
### AUDERDALE FL 33316  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Country  Country  S. Conflicate of Status Desired  For Regulatoral Agent  FORMAN, M. AUSTIN  888 SOUTHEAST THIRD AVENUE FORT LAUDERDALE FL 33302  City  FL Zip Code  Street Address of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  MANAGING MEMBERS INDIVISION SITE 501  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS MANAGERS  INC.  MGRN  ORN  ORN  ORN  ORN  ORN  ORN  ORN	Principal Place of Business		Mailing Address			7				
Sulfe, Apt. #, etc.   Sulfe, Apt. #, etc.   GHECK HERE IF MAKING CHANGES  City & State   City & State   A. FEI Number 65-0942886   Applied For Not Applicable    Zip   Country   Sip   Country   S. Conflicate of Status Desired   S5.00 Additional    FORMAN, M. AUSTIN   S88 SOUTHEAST THIRD AVENUE   Stroot Address of New Registered Agent    FORT LAUDERDALE FL 33302   Stroot Address (P.O. Box Number is Not Acceptable)    Stroot Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent and the flagshcale    SIGNATURE   Sprace Syneet or provided agent and the flagshcale   (NOTE Registered Agent synthem enthality)   DME    FILE NOW!!! FEE IS S50.00   Make Check Payable to Florida Department of State Due By May 1, 2003    9. MANAGING MEMBERS/ MANAGERS   10. ADOITIONS/CHANGES   Change   Addition NAME    SIRET AUDERS   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUDERS   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Change   Change   Change    SIRET AUGRES   CITY-ST-2P    TITLE   Change   Change   Change   Change   Cha	888 SE THIRD AV.E. SUITE 501 FT. LAUDERDALE FL 33316									
Sulfe, Apt. #, etc.   Sulfe, Apt. #, etc.   GHECK HERE IF MAKING CHANGES  City & State   City & State   A. FEI Number 65-0942886   Applied For Not Applicable    Zip   Country   Sip   Country   S. Conflicate of Status Desired   S5.00 Additional    FORMAN, M. AUSTIN   S88 SOUTHEAST THIRD AVENUE   Stroot Address of New Registered Agent    FORT LAUDERDALE FL 33302   Stroot Address (P.O. Box Number is Not Acceptable)    Stroot Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent and the flagshcale    SIGNATURE   Sprace Syneet or provided agent and the flagshcale   (NOTE Registered Agent synthem enthality)   DME    FILE NOW!!! FEE IS S50.00   Make Check Payable to Florida Department of State Due By May 1, 2003    9. MANAGING MEMBERS/ MANAGERS   10. ADOITIONS/CHANGES   Change   Addition NAME    SIRET AUDERS   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUDERS   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Change   Addition NAME    SIRET AUGRES   CITY-ST-2P    TITLE   Dueles   TITLE   Change   Change   Change   Change    SIRET AUGRES   CITY-ST-2P    TITLE   Change   Change   Change   Change   Cha	2. Principal P	lace of Business	3. Mailing Address							
City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  St.00 Additional Fee Required  FORMAN, M. AUSTIN  888 SOUTHEAST THIRD AVENUE FORT LAUDERDALE FL 33302  City  FL Zip Code  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. I am familiar with, and accopt the obligations of registered agent.  SIGNATURE  Signame, had a primed agent and like it applicable.  (NOTE Registered Agent upware required when remotered)  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS  ITILE MORE PORMAN, MILES A II RESTADORSS  GITY-ST-2P  MARK  CITY-ST-2P  TILL  MARK  CITY-ST-2P  TILL  CITY-ST-2P  CITY-ST-2P  TILL  CITY-ST-2P  TILL  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  TILL  CITY-ST-2P	Suite, Apt. #, etc.		Suite, Apt. #, etc.							
Zip Country Zip Country 5. Certificate of Status Desired										
6. Name and Address of Current Registered Agent  FORMAN, M. AUSTIN 888 SOUTHEAST THIRD AVENUE FORT LAUDERDALE FL 33302  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  City  FL  Zip Code  City  City	Ony & State		City & State		4. FEI NUM	<sup>oer</sup> 65-0942986		<u> </u>	·	
FORMAN, M. AUSTIN 888 SOUTHEAST THIRD AVENUE FORT LAUDERDALE FL 33302  City  FL  City  FL  Zip Code  City  FL  City  FL  Zip Code  City  FL  City  FL  Zip Code  City  FL  City  FL  City  FL  City  FL  Zip Code  City  FL  City  City  FL  City  City  FL  City  City  FL  City  F	Zip	Country Zip		Count	ry	5. Certificat	e of Status Desired			
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Street Address (P.O. Box Number is Not Acceptable)  City	FORMAN M ALISTIN				Name					
City FL Zip Code  6. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when rematating)   DATE	888	SOUTHEAST THIRD AVENUE		Stree		(P.O. Box Numl	per is Not Acceptable)			
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or privide menne of registered agent and tile if applicable. (INOTE: Registered Agent dignature required when reinstating)    DATE	FOF	RT LAUDERDALE FL 33302								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITILE PORMAN, MILES A II 888 SE THIRD AV.E, SUITE 501 FT. LAUDERDALE FL 33316  Delete ITILE NAME SIRRET ADDRESS CITY-ST-ZIP ITILE NAME			•		City			FL	Zip Code	е
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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

CITY-ST-ZIP

MANAGER, OR AUTHORIZED REPRESENTATIVE