LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 29 AM 11: 46

| DOCOMENT # 1/1/2000 29-12 | | | | | |
|---|--|-----------------------------------|--|---|--|
| 1. Entity Nar | Defsources | Internat | tional W | SECRETARY O TALLAHASSEE. | F STATE FLORIDA |
| | DO NOT White | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| Principal Place of Business O | | | | 4 | |
| 1333 N. DWW St. 1333 N. | | | DWal St. | | |
| · · | | Suite, Apt. #, etc. | | DO NOT WRITE IN 1 | 'HIS SPACE |
| Talla | hassee, FL | Tallahas | see , FL | 4. FEI Number | Applied For |
| 39 3 | Country | 2ip 3-302 | Country | 5. Certificate of Status Desired | Not Applicable \$5.00 Additional |
| - 34 | | 20-200 | 1 | 7. Name and Address of Current Regist | Fee Required |
| | DO NOT W | DITE | Florida Filing & Search Services, Irc. | | |
| | | | Street Addres | s (P.O. Box Number is Not Acceptable) | 31 651 V 1003, 24C. |
| IN THIS SPACE | | | 1333 | 3 N. Dwal St. | |
| | | | City Ta | | FL Zip Code 303 |
| 8. The above named entity submits this statement for the burpose of dhanging its registered office or registered agent, or both, in the State of Florida. | | | | | |
| SIGNATURE COLOR TO COLOR | | | | ロラル | 0/07- |
| | Signature, typed or printed name of registered agent a | | | 0 | AYE |
| | | Make Check Pa | FEE IS \$50.00 lyable to Department | of State | |
| | | | DUE BY MAY 1 | | |
| 9. TITLE | MANAGING MEMBER | S/MANAGERS | TITLE | | |
| NAME STREET ADDRESS | Sterling Manager | s Limited | NAME | | |
| CITY-ST-ZIP | POBOX 362 Road Town, Tort | Ma RVI | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | | TITLE | 20000536 | 39932 |
| STREET ADDRESS | | | NAME STREET ADDRESS | | |
| CITY-ST-ZIP | | - | CHY-ST-ZIP | <u> </u> | |
| TITLE NAME | | | TITLE NAME | | £ . |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | DO NOT WE | |
| TITLE | | | CITY-ST-ZIP TITLE | DO NOT WE | A MANAGEMENT OF THE PARTY OF TH |
| NAME STREET ADDRESS | | | NAME | IN THIS SPA | ACE - 4 |
| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | | TITLE | | The second secon |
| Street Address | | | NAME STREET ADDRESS | , | |
| CITY-ST-ZIP TITLE | | | CITY-ST-ZIP | | |
| NAME | | | TITLE NAME | 20.76 | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | | |
| 11. Thereby ce | ertify that the information supplied with this | s filing does not qualify for the | city-st-zip e exemption stated in Sec | tion 119.07(3)(i), Florida Statutes. I further | |
| mulcated (| אין נייו וויים וeport is true and accurate and tha | my Signature shall have the | romo logol effect - 'f | v. v | 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 if 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: MANAGE

Dues Au

Janet M. Caruccio

4-24-02

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: 34 LIMITED LIABILITY COMPANIES

SPECIAL INSTRUCTIONS: NONE

\$1700.00

Charles

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