## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am

3/3/03 (561)802-4411 Date Daysimo Phone #

Secr	eta	ry	01	Stat	e
03-12-	2003 9	90013	045 '	****50.00	)

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4 Casis Man			000005 LLC	40 V 			55019549	
		ABVI V	C.COVIET	THIS SI	PAC	E		
2. Principal P	Place of Business	2 5	3. Mail	ing Address カノケ チ	FIB	1 5		
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	7/00		City	**************************************	100		4. FEI Number	Applied For
Wi	PACE BO	CACH, F	,	W. PALA	Ba	ACH, FZ	65-0952-551	Not Applicable
Zip 3 3	401	Country USA	Zip	33401	Count	USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required
					Service Con	Name	7. Name and Address of Current Registers	ed Agent
A STATE OF THE PARTY OF THE PAR	ne	NOT	WRIT	<b>E</b>	100	DAN	V E. SWANSON	
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	: IN		SPACE			Sh	178/00	
		THE SECTION				City III OA	In BRACH FI	Zip Code
8. The above	named entity su	bmits this stater	nent for the purpo	ose of changing its	registere	d office or registere	ed agent, or both, in the State of Florida. I am	familiar with, and accept
	tions of registere							. 1
SIGNATURE							DATE	
	Signature, typed or pr	inted name of registers	ed agent and title if appl	CANADA CONTRACTOR AND AND ADDRESS OF THE PARTY OF	EE IS	\$50.00	DAIE	
			Mak	e Check Payabl			tt of State	
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NAME	_ <del></del>			<u> </u>	HAME		Carlos Ca	
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NAME					NAME	Annecce		
STREET ADDRESS CITY-ST-ZIP					CITY	TADORESS		
11 I hereby C	ertify that the infe	ormation supplie	d with this filing o	does not qualify for	the exem	notion stated in Sec	tion 119.07(3)(i), Florida Statutes. I further ce	rtify that the information
indicated	on this report is I	rue and accurat	te and that my sig	mature shali have ti	he same	legal effect as if ma	ade under oath; that I am a managing memb er 608. Florida Statutes.	er or manager of the

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE