## 2002 UNIFORM BUSINESS REPORT (UBR)

. Entity Name	BUILDING SUPPLY	00005965 , L.C.				
Principal Place of B	usiness	Mailing Address				
400 NORTH NEW YORK AVENUE SUITE 103 WINTER PARK FL 32789		400 NORTH NEW YORK AVENUE SUITE 103 WINTER PARK FL 32789				
2. Principal Place of Business		3. Mailing Address	3			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

## **FILED** May 06, 2002 8:00 am Secretary of State 05-06-2002 90125 017 \*\*\*\*50.00

Principal Pla	ace of Business		Mailing	Address			7					
400 NORTH NEW YORK AVENUE SUITE 103		Suite 1	RTH NEW YORK 03 PARK FL 32789									
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	, 0.0.		Suite,	Apt. #, etc.				נ	OO NOT WRI	TE IN THIS	SPACE	
City & Sta	ate		City &	State	<del>-</del> · , <u>.</u> . ,		4. FEI N	lumber	59-360012	27		Applied For
Zip		Country	Zip		Country		5. Certif	icate of Stat	tus Desired		\$5.00 A	Not Applicated
	6. Name a	nd Address of Curren	nt Registered	Agent	<del>"-</del>		7. Name	and Addre	ss of New F		Fee Requi	red
00			-	*	, N	Name	-			registered y	уделт	
400	AILIVE, C.H. JR O N. NEW YOF ITE 200	IK AVENUE, SUITE	103		s	Street Addres	s (P.O. Box N	umber is No	ot Acceptable	9)	<del></del> .	
	NTER PARK FL	. 32789						_	-		········	<del>-</del>
					C	City				FL	Zip Co	de
3. The above	named entity s	ubmits this statement f	for the purpose	e of changing its	registered o	ffice or regis	tered agent, o	r both, in th	e State of Flo	rida	<u> </u>	
SIGNATURE		rinted name of registered agen				* ***						
<del></del>			I and the ii applicat				red when reinstatin	9)		DATE		
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)		MANAGING MEMBI		ake Check Pa Du	yable to De e By May 1	epartment	of State	<del>-                                    </del>	A POLITICA NO.	CHANGES		
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SIGNATURE:

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/18/02 407629-8282 Date Daytime Phone #