LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 9900 000 6398

1. Entity Name

FILED May 14, 2002 8:00 am Secretary of State 05-14-2002 90297 007 ****50.00

SUMPLIED Supplied State	TA:	MARAC ISAN L	. L. C.	•		
Sulle Apt #, etc. 24-20 N_W. Z7TH STREET Sulle Apt #, etc. 23-9 N_W.		DO NOT WRIT	E IN THIS SP	ACE	\$ 5 5	§ 9 4
24-20 N.W. 27TH STREET 1389 N.W. 136 TH AVENUE 4. FE Number 65 - 096 68 91 App Nec.	2. Principal	Place of Business	3. Mailing Address		-	·
Application	2420 N.W. Z7TH STREET 1389 N.W. 13		GTH AVENUE	DO NOT WRITE IN THIS SPACE		
200 NOT WRITE IN THIS SPACE South	LIGHT	HOUSE POINT, FL.	SUNRISE. FI	į	4. FEI Number 65-0966891	Applied For Not Applicable
Name JERRY TSAN Street Address (P.O. Box Number is Not Acceptable) 2420 N.E. 27TH ST. City Light House Point FL Zip Code 330 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 SIGNATURE Bignature, typer or presse memor of registered agent and site it application. PEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TILE MANE STREET ADDRESS CITY-51-79	Zip 3.3	064 Country USA	^{Zip} 33323			\$5.00 Additional
DO-NOT-WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) 2420 N.E. 27TH ST. City Light House Point FL Zep Code 330 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 Signature, speed or prised name of registered agent and the of application. FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TITLE NAME SIRET ADDRESS OTY-ST-2P TITLE NAME SIRE					7. Name and Address of Current Register	
IN THIS SPACE Q420 N.E. 27TH ST. City Light House Point FL Zip Code 330 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 Signature, types or protect name of registered agent and title if explosules. PEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TITLE NAME TSHAI, TERRY TSHAI, TERRY TSHAI, TERRY TSHAINE NAME SIRET ADDRESS CITY-51-7P TITLE NAME SIRET AD		DO NOT W	/DITE	Name J	ERRY ISAN	
B. 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 Signature Signature, speed or protect name of registered agent and site if applicable. DATE	The state of the s	The state of the s	7.4	Street Address	(P.O. Box Number 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. SIGNATURE Signature, typod or printed name of registered agent and stell applicable. DATE	e.	IN THIS S	PACE	2420	NEDANCE	
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 Signature, typod or printed name of registered agent and stell applicable. DATE		**	s s	City	TV-L, QIIA SI.	• Zin Code
SIGNATURE Signature, typed or protect name of registered agent and tie of applicable. Date	5 T			2/GH	THOUSE POINT F	L 33064
Signature, typed or printed name of registered agent and step it expolicable. PEE IS \$50.00	o. The above	e named entity submits this statement	for the purpose of changing its re-	gistered office or registe	red agent, or both, in the State of Florida.	
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MANAGING MEMBERS / MANAGERS TITLE MAME TSAN, JERRY ZAZO N.E. 27TH ST. L/ GMT HOUSE POINT FL 33064-8357 TITLE MAME STREET ADDRESS CITY-ST-ZIP TIT	·	Signature, typed or printed name of registered ager		· · · · · · · · · · · · · · · · · · ·	DATE	
DUE BY MAY 9. MANAGING MEMBERS/MANAGERS TITLE JAME R M ZAN, JERRY ZAZO N.E. Z17H ST. LIGHTHOUSE POINT FL 33064-8357 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDR					of State	
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Jerry ISQN X 04-26-02 (954)846-8400

AUTHORIZED REPRESENTATIVE

Date

Date

Date