2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900006965

1. Entity Name

MCCURRY & INGALLS, LLC



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90104 039 ****50.00

Principal Place of Business		Mailing Address								
21301 POWERLINE ROAD. SUITE 204 BOCA RATON FL 33433		21301 POWERLINE ROAD. SUITE 204 BOCA RATON FL 33433								
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Num	4. FEI Number 65-0963355			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certifica	te of Status Desired		5.00 Add e Require		
	6. Name and Address of Current				7. Name a	nd Address of New Regist	ered Ag	ent		
MCCURRY, WILLIAM P				Name -	··· - · · ·	ಕ್ ಕ್ಲಿಸ್ಟ್ ಬ್ರಾಂಡ್	-			
2130	on Powerline Road, Suite 204 A Raton FL 33433		-	Street Address	(P.O. Box Num	ber is Not Acceptable)				
				City			FL	Zip Cod	le	
A The share								<u> </u>		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or registe	ered agent, or b	ooth, in the State of Florida.	I am tan	illar with,	and accept	
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SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signature require	d when reinstating)		DATE			
		Make Check Payabl	e to Fl	-				•		
		Due	By Ma	ay 1, 2003						
9.	MANAGING MEMBE	RS/MANAGERS	10.	T		ADDITIONS/CHA	NGES			
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NAME STREET ADDRESS	MCCURRY, WILLIAM P	T 004	NAM	E ET ADDRESS					Ì	
City-St-Zip	21301 POWERLINE ROAD, SUITI BOCA RATON FL 33433	204		-ST-ZIP					Į.	
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11 I boroby o	artify that the information cumplied with	this filing does not qualify for	the eve	mation atotad in C	antian 110.07(0	N/i Elorido Ctatutos I furth	ar aartifi	Allega Adelay (c		

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.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF

Daytime Phone #