

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000007001

1. Entity Name
TIHRIN, L.L.C.

APPROVED
AND
FILED

00 MAY 18 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1045 REGAL POINTE TERRACE #311 LAKE MARY FL 32746	Mailing Address 1045 REGAL POINTE TERRACE #311 LAKE MARY FL 32746-2027
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2. Principal Place of Business Po Box 950823 Suite, Apt. #, etc.	3. Mailing Address ← Same Suite, Apt. #, etc.
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City & State Lk. Mary, FL	City & State	4. FEI Number 59-3605827	Applied For Not Applicable
Zip 32795-0823	Country US	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TAPIA, LARESA A 1045 REGAL POINTE TERRACE #311 LAKE MARY FL 32746	7. Name and Address of New Registered Agent Name ← Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 (NOTE: Registered Agent signature required when reinstating) DATE 4/9/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Co-owner MGRM Lareisa Tapia 1045 Regal Pte Terr #311 Lk Mary FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 500003289695--8 -06/14/00--01102--024 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Jen Summers MGRM 229 Villas St. Stuart, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE SIGNATURE REQUIRED DATE 4/9/00 (401) 321-9950

CR2E083 (9/99)