2000 UNIFORM BUSINESS REPORT (UBR)														
1	DOCUMENT # L9900007462								o m où kmil	FILED	na 195 g tar an	- ,		
ELLEN P	ELLEN PAPAY MARKETING SERVICES LLC								SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Plac	Principal Place of Business Mailing Address								00 SEP 25 AMII: 02					
1400 GULFSHORE BLVD., NORTH STE 123-A NAPLES FL 34102				1400 GULFSHORE BLVD NORTH STE 123-A NAPLES FL 34102										
2. Principal Place of Business SAME AS ABOUE				3. Mailing Address SAME AS ABOUE				ļ		DIII Fa iki Dahii D	B (4 (
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Stat	City & State			City & State			4.	FEI NO 59 -	umber - 3627555	/	 	oplied For ot Applicable]	
Zip		Country	Z	ip	Coun	try	5.	Certifi	cate of Status Desired		\$5.00 Add Fee Require			
	6. Name	and Address of Cu	rrent Regist	ered Agent			7.	Name	and Address of New F	legistered A	gent]	
					per	Name	No (0 4	ANGS					
LARRY PA	LARRY PARKER & ASSOCIATES								mber is Not Acceptable	2)			-	
3078 NORTH TAMIAMI TRAIL STE 200						Street A			inibol is not recopiable			<u></u>	┥	
NAPLES FL 34103						City				FL	Zip Cod	e	-	
				<u> </u>		l							4	
8. The above	named entit	y submits this statem	ent for the pu	rpose of changing its r	registere	ed office o	r registered ag	gent, o	r both, in the State of Fk	orida.				
SIGNATURE .	Contract to and	or printed name of registered	1 d 1111 //	. (NOTE	Clasiatera	Azort signat	ture required when r	rainetatin		DATE				
	Signature, typed	t or printed name or registered	agent and the n	applicable. (NO12:	педиме	o Agent signat	Interesting Miles	TOTTISCALEN	<u> </u>	DATE			١.,	
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9.		MANAGING MI	EMBERS/MA	NAGERS	10.				ADDITIONS]_	
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11. I heréby partify 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:														
SIGITAL	UNL	SIGNATURE AND TYPED	OR PRINTED NAM	NE OF SIGNING MANAGING M	EMBEA O	R MANAGER			Date .	Da	ytime Phone #			