LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jun 24, 2002 8:00 am Secretary of State 06-24-2002 90296 010 ****55.00

DOCUME 1. Entity Name	ENT #99	ω	743	2	00 21	2002 20220 01	0 33.00
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n/	O NOT WRITE	INI TUIC CO	ACE'				
U	J NOI WAILE	IN THIS SE	AVE				
2. Principal Place	of Business BANK RD.	3. Mailing Address 3540 BAN	KS RD.				
Suite, Apt. #, etc.	c	Suite. Apt. #, etc. #207			DO NOT WR	RITE IN THIS SPACE	
City & State MARG-1	ATE, FL	MARGATE,	FL	4. FEIN	1umper 5-09614	50	Applied For Not Applicable
33063	1 Country	33063	Country		ficate of Status Desired		Additional
			Name	7. Name	and Address of Currer		
Street Address (I					P.O. Box Number is Not Acceptable)		
	IN THIS SPA	ACE	354	O RAN	KS RA.	#207	
			City N	ARG-1	7 TE		3063
8. The above nam	ed entity submits this statement for	the purpose of changing its re	egistered office or r	egistered agent,	or both, in the State of F	florida	
SIGNATURE Signal	ture, typoid or printed name of registered agent эл	d tišle if applicadše.				DVLE	:
•		FE Make Chack Pays	E IS \$50.00 sble to Departm	ent of State	·	· -	
•	MANAGING MEMBER		EBYMAYI				
DILE			TRL.				2/01)
STREET ADDRESS CITY-ST-ZIP	MGRM ERRIE WIlliams 540 BANKS RD. # 1ARGATE, FL 33	207	RANKE STREET ABORESS CITY ST-ZBP				CRZE083B (12/01)
TITLE	IMKGATE, FL 33	003	NI.				RZE08
NAME STREET ADDRESS			SAME STREET ANGRESS				Ö
TITLE	- Lander our landerstein i	and the second second second	COMMISSION TREE				
STREET ADORESS		- •	KAME STREET ADDRESS		DO NOT	W/DITE	
TITLE		.	01*-51-29 944		IN THIS		
NAME STREET ADDRESS			EAVE STREET ACCRESS		HV HIIO	UFMUL	
DITE			CAY ST Q P				
NAME STREET ADDRESS			rasa. Street address				
CHY-S1-ZIP TITLE			53 4 -51-2P				
NAME STREET ADDRESS			pave Vikesi address				
crry-st-zip 11. I hereby certify	y that the information supplied with t	us filing does not qualify for the	crest æ.	d in Section 119 (07(3)(i), Florida Statutes	. I further certify that	the information
11. I hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: WILLIAMS 5-1-02							
	NATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANAG	GER, OR AUTHORIZED R	EPRESENTATIVE	L'ata	Daytime Pho	me ž