2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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Name and Address of Current Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt.	#, etc.	Si	uite, Apt. #, etc.	÷			DO NOT WHITE II	N THIS SPACE	Ė	
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City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hipsed or printed name of registered agent and title if applicable. PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES PRINTER NOWES PRINTER NOWES ADDITIONS/CHANGES PRINTER NORES P						direct Address (1.0. Dox realities is not Addeptable)					
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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	CITY-ST-ZIP			<u> </u>							
indicated on this coport is true and accurate and that my cignature shall have the came local affect as it made under eath; that I am a managing mamber or manager of the	11. I hereby	certify that the information supplied	with this filir	ng does not qualify for	or the exe	mption stated in	Section 119	.07(3)(i), Florida Statutes. I fur	ther certify th	at the ir	nformation r of the