APPRUVI.

2001 UNIFORM BUSINESS REPORT (UBR)

DOCU											
1. Entity Name E. W. BUF					OI MAY -	-3 AM E	0:28				
							T	SECRETA ALLAHA	RY OF S	STATE LORIDA	L.
Principal Place 165 CHAPEL S STRATFORD C	ST.		Mailing Address 165 CHAPEL ST. STRATFORD CT 06614]					1 1311 10 11 3 61 1
2. Principal Pl	ace of Business	3. Mailing Address		<u> </u>	<u> </u>						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State	1.		4. FEI Nu	umber 06	5-1563359		_ 	plied For t Applicable
Zip	Country 6. Name and Addre		Zip	Country			cate of Stat		F.	5.00 Add se Require	
	Name	ا بر د د			ss of New Re		ent				
BURTON, I 8649 N. HI TAMPA FL	Name KENNETH A. BURTON Street Address (P.O. Box Number is Not Acceptable) A CYPRESS CIRCLE										
		gad	dress -	City -	TAM	1PA			FL	Zip Cook	็่∡4
8. The above	named entity submits th	his statement for	the purpose of changing its				r both, in th	e State of Flori	da. ,	<u> </u>	
OLON: ATLABE											
SIGNATURE _	Signature, typed or printed name	e of registered agent an	d title if applicable. (NOT)	Registered Agent signer	ture required	when reinstating	g)		DATE		
			FILE No Make Check Pa	 W!!! FEE IS S able to Depart		l State					
9.	MAN	IAGING MEMBER	RS/MEMBERS	I 10.	- !		 .	ADDITIONS/C	HANGES		
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CITY-ST-ZIP TITLE			☐ Delete	CITY-ST-ZIP TITLE		TAMP	A, FL	_ 3362	· 4	Change	☐ Addition
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STREET ADDRESS			The result of the second of	STREET ADDRESS CITY-ST-ZIP							

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.

4-20-01 (203) 378-071

Date

Daytime Phone #