## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90235 003 \*\*\*\*50.00

DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 1.117 SNYDER POAD SURA, Ap. 8 - dec.  DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 1.117 SNYDER POAD SURA, Ap. 8 - dec.  DO NOT WRITE IN THIS SPACE  Cay & Suite WEST LAWN, PA  LO SURA Ap. 8 - dec.  DO NOT WRITE IN THIS SPACE  1. The above named criticy submits this statement for the purpose of charging its registrocet office or registered agent, or both in the State of Horida.  SIGNATURE  S	DOCUN 1. Entity Name	MENT # MOOOQOPO	0497		04-22-2002 90233 003 *** 30.0
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 1117 SNYDER BOAD SAME Suite, Apt. 4 ctc. Suite, Apt. 4 occ. Suite, Apt. 4 ctc. Suite, Apt. 4 occ. Cay & State WEST LAWN, PA  2p 19609-1100 Coursy 19609			>		0.495.40
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Solito, Apt. F. etc.    Suito, Apt. F. etc.   DO NOT WRITE IN THIS SPACE	2. Principal Pla	ace of Business	3. Mailing Address		·
WEST LAWN, PA  Zip  19609–1100  Country  Country  Country  S. Conficence of Status Desired  \$5.00 Additional Fore Required  T. Name and Address of Current Registered Agent  Name  C. T. CORPORATION SYSTEM  Street Address of Current Registered Agent  Name  City PLANTATION  FL  Zig  Zig  Country  Street Address of Current Registered Agent  Name  City PLANTATION  FL  Zig  Zig  Signan, Speec or printed name of implusing agent and min responsed.  FEE IS \$50.00  Make Check Payable to Department of State  DUE BY MAY 1.  MAY 1.  MANAGING MEMBERS / MANAGERS  THE  MAY 1.  MANAGING MEMBERS / MANAGERS  THE  MANAG				<del>-</del>	DO NOT WRITE IN THIS SPACE
TOO NOT WRITE IN THIS SPACE  The above named only submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  MANAGING MEMBERS/MANAGERS  THE ROBESONTA, PA 19551  THE MARE MER ADDRESS TY. S. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	City & State City & State WEST LAWN, PA				T. pp. set
DO NOT WRITE IN THIS SPACE    Street Address (P.O. Box Number is Not Acceptable)		Country USA	Zip	Country	5. Certificate of Status Desired \$5.00 Additional
DO NOT WRITE IN THIS SPACE    Street Address (P.O. Box Number is Not Acceptable)			,		
Screet Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  1200 SOUTH PINE ISLAND ROAD  City PLANTATION FL 2353324  8. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Specially, Specially submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  DATE  PRESIDENT:  LAWRENCE R. YERGER 35 NORTHWOOD LANE  TIPLE NAME STRETA DORESS  CITY-S1-ZP  TIPLE NAME STRETA DORESS  CITY-S1-ZP  TIPLE NAME STRETA DORESS  CITY-S1-ZP  DO NOT WRITE  IN THIS SPACE  THE NAME STRETA DORESS  CITY-S1-ZP  TIPLE NAME STRETA DORESS  CITY-S1-ZP  TIPLE NAME STRETA DORESS  CITY-S1-ZP  STRETA DORESS  CITY-S1-ZP  TIPLE NAME STRETA DORESS  CITY-S1-ZP  TIPLE NAME STRETA DORESS  CITY-S1-ZP  TIPLE NAME STRETA DORESS  CITY-S1-ZP  NAME STRETA DOR		DO NOT	/DITT	Name	
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B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.    Signature   Superative   Super			AOL		1200 SOUTH PINE ISLAND ROAD
SIGNATURE Symbol process of principle of principle of the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Symbol process of principle or principle of the purpose of changing its registered agent, or both, in the State of Florida.  Make Check Payable to Department of State DUE, BY MAY 1  DUE, BY MAY 1  ITILE  MARE PRESIDENT  LAWRENCE R. YERGER  35 NORTHWOOD LANE  TILE  MARE ROBESONIA, PA 19551  TILE  MARE SIRET ADDRESS  CITY-ST-2P  TILE  MARE SIRET ADDRESS  CITY-				City	PLANTATION FL Zin Single 2
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANA

SING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/5/02

(610) 678-1913

Daytime Phone #