## F EIN AT 1EI COP DEPARTMENT OF FATE OF STATE OF

Name and Mailing Address

SECRETARY OF STATE TABLEAHASSEE, FLORIDA



Date 11-8-02 Daytime Phone # 561-307-193

2. New Mailing Address 907 BADNETT DDIVE					4. State/Country of Formation			
CITY STATE, ZIP WORTH, FLORIDA 33461					DE 5. Date Organized or Qualified To Do Business in Florida 03/24/2000			
Principal Place of Business ,-6080 LAMBETH CTR LAKE WORTH FL S94681		3. New Principal Place of Business Address  907 BARNET DRIVE  City, State, Zip  LAKENDRTH FL. 33461		6. FEI Number 65-0909517 7. CERTIFICATE OF STATUS DESIRED 55.00 Action and for a C		\$5.00 Addi	Applied For  Not Applicable tional Fee require	
* * * * *	8. Name and Address of Current	The second secon	9. Name and Address of New Registered Agent					
6080	MAN, GREGORÝ S CLAMBETH CIR' E WORTH FL 33463		Name (RESORY S. Lohman)  Street Address (P.O. Box Number is Not Acceptable)  City Lake World FL Zin Code 33461					-
Signature of Registered A	Agent	EGISTERED AGENT MUST SIGN	COLUMN TO THE TAXABLE PARTY.	Carlotte Control of the Control of t	pations of Chapter 608,	F.S.		1
Title(s)	Name of Managing Members/Managers	Stre	et Address of Each					-
MGRM	LOHMAN, GREGORY S	6080 LAMBETH	CIR -	-	. LAKE WORTH F	L 33463		
			<u></u>	36 11/13/	00/09962 020103900	2973  S=**15	0.00	#
				EINST	ATEME	NTQ	000	
filing thi	that I am managing member/manager of seinstatement application the reason for	' dissolution has been eliminated, the li	imited liability como	anv name satisfie	s the requirements of se	ection 608 40	6 FS and that	- T
all fees	owed by the limited liability company hav ade under oath.	e been paid. The information indicated	on this application	is true and accura	ite, and my signature sh	all have the	same legal effect	100