2001 UNIFORM BUSINESS REPORT (UBR)						m N <sub>e</sub> ⊃ume	1		
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HENCH MCCEPTANCE, LE					OTAPRIT9 AMII: 56				
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State	A GORDA FL	City & State		4. EIN	PO H	688	<b>→</b>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certif	cate of Status I	Desired	\$5.00 A	Additional	
2.57	6. Name and Address of Current F	Registered Agent		7. Name	and Address	of New Registe		iled ,	
Parkier, Louis D									
2 3 3 MAS A CASCA Street Address (P.O. Box Number is Not Acceptable)									
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Din	AUSION AT	EL 2298	City	ye.	-;	-	FL Zip Co	ode	
	amed entity submits this statement for	<del></del>	egistered office o	r registered agent, o	or both, in the St	ate of Florida.	<u>,, ·                                    </u>		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
· s	ignature, typed or printed name of registered agent ar	• .			19)	, J			
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11I.hereby certify that the information supplied with his 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 rive 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 liabi	lity company or the receiver or trustee	empowered to execute this re	port as required	by Chapter 608, Flo	rida Statutes.	,	34,	1-	
SIGNATI	DE Jam X	me Limit	$\mathcal{D}_{i}$	Carrier	~ 4/2	trees	92	ج گ	
SIGNAIL	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	GER, OR AUTHORIZED	REPRESENTATIVE	Date	•	Daytime Phone	#	