## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M01000001277

1. Entity Name



Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90026 035 \*\*\*\*50.00

Principal Place of Business	Finnair, I	TC			9			
GLADSTONE NJ 0784-9817  2. Principal Place of Business  Sulto, Apt. 4, etc.  Sulto, Apt. 4, etc.  City & State  Strout Address (PO Box Number is Not Acceptable)  Five Regulated  Five Regulated  Five Regulated  Strout Address (PO Box Number is Not Acceptable)  Five Regulated  City  FL Zo Code  Ci	Principal Plac	e of Business	Mailing Address	<del></del>	-			
Suite, Apt. #, etc.   Suite   City & State   City	PO BOX 617							
Suite, Apt. #, etc.   Suite   City & State   City								
City & State  Ci	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country Store Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name 7. Name and Address of New Registered Agent 8. Name 8. Name 8. Name 9. Name	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKIN	NG CHANGES	
S. Certificate of Status Descrete  C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  City  City  City  FL  Zip Code  City  FL  Zip Code  City  City  City  City  City  FL  Zip Code  City	City & State		City & State		4. FEI Numbe	<sup>эг</sup> 22-3727205	<u> </u>	<del></del>
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324    City   FL   Zip Code	Zip	Country	Zip	Country	5. Certificate	of Status Desired		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  Chy FL Zip Code  Chy		6. Name and Address of Curren	nt Registered Agent		7. Name and	Address of New Registere	d Agent	
PLANTATION FL 33324  Since Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, year or printer name of registered agent agent and 11st it applicable. (ATE Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation and accept the obligation agent and the fapilitation of Plants agent agent accept agent, or both, in the State of Florida. I am familiar with, and accept the obligation and accept agent, or both, in the State of Florida. I am familiar with, and accept the obligation and accept agent, or both, in the State of Florida. I am familiar with, and accept the obligation and accept agent, or both, in the State of Florida. I am familiar with, and accept the obligation and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent a	C T CORPORATION SYSTEM			Name		······································	÷ •	
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature registered agent   Propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida agent when reinhalders of Political Polit	1200	SOUTH PINE ISLAND ROAD		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat	PLAI	NIATION FL 33324	•				<del></del> .	
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Signature, typed or prieter amone of registance agent send like of laptice and send send send send send send send se			for the purpose of changing its	registered office or registe	ered agent, or bot	h, in the State of Florida. I a	m familiar with,	and accept
FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP NAME SIRET ADDRESS CITY-ST-ZIP NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CI	SIGNATURE .	Signature, typed or printed name of registered ager	E: Registered Agent signature reguln	red when reinstating)	DATE		<del>,</del> .	
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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			to diling document	<b>.</b>	2	3) Florido Cantido (A.A.)	antification to	

Indicated on this report istrue and accurate and tilat 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 of the receiper or trust a empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE