## FILED Jun 19, 2002 8:00 am Secretary of State

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)			Secretary of State 05-27-2002 90407 017 ****50.00				
DOCUME 1. Entity Name	- h 1 11	00001311	V	/			
Arden	Colonwade,	uc				2 4 A O O	
DC	NOT WRITE	IN THIS S	PACE		ఫు	Y	
2. Principal Place of	of Business	3. Mailing Address	00.		4		
Soite, Apt. 1, etc.		Suite, Apr. J. etc.		DO NOT WRITE IN THIS SPACE			
City & State Cost 1 6Ables		City Grate Alelohia PL		9	4. FEI Number Applied For 23-3084270 Not Applied For		
<sup>2 ip</sup> 33/34	Country	Zip 19107	Country 15	? <u>/</u>	5. Certificate of Status Desired	Not Applicable \$5.00 Additional	
				//	7,-Name and Address of Current Regi	Fee Required	
DO NOT WRITE IN THIS SPACE			ľ	Street Address (P.O. Box Murgber is Not Acceptable)  Tool S. Fire Island Road			
			City	Pla	Vtotron	FL Zip Code 2 2 4	
8. The above named	l entity submits this statement for	the purpose of changing its	registered office	or registere	ed agent, or both, in the State of Florida.	-125327	
SIGNATURE Signature	, typed or printed name of registered agent a	nd title if applicable,					
		Make Check Pa	EE IS \$50.00 yable to Depar UE BY MAY 1			ATC	
9.	MANAGING MEMBER	DEMRER		nama ang aga sa	ARESONATE .		
NAME C	1416 A. Sperce	~	TILE			Š	
Car-31-Zir	hila PA 1910	7	:STREET ADDRESS : CITY+ST-ZIP			022FB33B (47.05)	
TITLE .			TITLE NAME		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS CHY-ST-ZIP			STREET ADDRESS			5	
TITLE .			CITY-ST-ZIP				
NAME Street Address			NAME STREET ADORESS				
CITY-ST-ZIP			. City-St-ZIP		DO NOT WR	RITE	
NAME			TITLE NAME		IN THIS SPA	CE	
STREET ADDRESS CITY-SI-ZIP			STREET ADORESS CITY-57-2/P		,		
TITLE NAME			TITLE	<del></del> -			
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NAME STREET ADDRESS			. FITLE :NAME		•		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
<ol> <li>I hereby certify that indicated on this rep limited liability comp</li> </ol>	the information supplied with the port is true and accurate and that pany or the receiver or trustee en	s filing does not qualify for the t my signature shall have the spowered to execute this rep	e exemption state same legal effect ort as required by	d in Section as if made Chapter 6	in 119.07(3)(i), Florida Statutes, I further c e under oath; that I am a managing mem 308, Florida Statutes.	ertify that the information ber or manager of the	
SIGNATURE:	E AND TYPED OF PRINTED NAME OF BIG	15			Spe 102 21	5-735-1313	