

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # M01000001635

**Mailing Address**  
**500 COUNTY RD #1**  
**PALM HARBOR, FL 34683**

**DO NOT WRITE IN THIS SPACE**

CR2E083 (10/03)

Applied For
Not Applicable



**\$5.00 Additional  
Fee Required**

FISCH, ALFRED C  
500 COUNTY RD #1  
PALM HARBOR, FL 34683

**DO NOT WRITE  
IN THIS SPACE**

**SIGNATURE.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	FISCH, ALFRED C
STREET ADDRESS	500 COUNTY RD #1
CITY-ST-ZIP	PALM HARBOR, FL

TITLE	MGRM
NAME	FISCH, FRANKLIN M
STREET ADDRESS	500 COUNTY RD #1
CITY-ST-ZIP	PALM HARBOR, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 indicated on this report is true 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 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 MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

**Daytime Phone #**