2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

S. Cardificate of Status Desired S. S. On Additional For Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named carry shortlis this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of purpose of purpose of purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of purpose of purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of purpose of purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of purpose of purpose of changing its registered agent agreed agent agreed agent				- 1-						;	
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SIGNATURE Signature of logistered agent and title if applicable. (NOTE: Registered Agent algorithus required when reinstation) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES THE NAME SIREET ADDRESS OTH'S 1-2P THE NAME DANBURY CT 06810 THE NAME SIREET ADDRESS OTH'S 1-2P DANBURY CT 06810 THE NAME SIREET ADDRESS OTH'S 1-2P THE NAME SIREET ADDRESS OTH'S	8. The above	named entity submits this statement for	the purpose of changing its	s registere	ed office or	registe	red agent, or b	ooth, in the State of Flo	orida. I am f	ح دی ا amiliar with,	
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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 indicated on this report is type 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		certify that the information supplied with	this filing does not qualify for	or the exe	mption state	ed in S	ection 119.07(3)(i), Florida Statutes.	I further cert	ify that the in	nformation