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

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Name and Address of Current Registered Agent   St. Centificate of Status Desired   St. Od Additional Fee Programmed C T C ORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324   Street Address (P.O. Box Number is Not Acceptable)	City & State		City & State		4. FEI Number	22-2402042	Ap	plied For	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE SIAND ROAD PLANTATION FL 33324  City  FL Zip Code  8. The above named entity submits this statement for the purpose of trianging its 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.  SIGNATURE  SIGNATU	A A -		1 11 71 -	Maon (TH		23-2493042	No	t Applicable	
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City FL Zip Code  8. 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  Signature types of pringerfore displaced agent of the 1 applicable. (NOTE inequites of Agent signature requires when represent)  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS MANAGERS  ITILE NAME SHENKMAN, ARLEN R SHENKMAN SHENK R SHENK ADDRESS CITY-S1-ZIP  TITLE MANAE SHENK ADDRESS CITY-S1-ZIP TITLE MANAE SHE	C T CORPORATION SYSTEM								
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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 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				e exemption stated in					

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

Daytime Phone #