## 2005 LIMITED LIABILITY COMPANY

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

## FILED

		EPONI (AN)		
DOCUMENT # M02000001388  1. Entity Name				Apr 22, 2005 08:00 Al Secretary of State
BETULA,	, LLC			
Principal Plac	ce of Business	Mailing Address		
	DLETON PIKE DLIS IN 46236	12345 PENDLETON PIP INDIANAPOLIS IN 4623		
2. Principal	Place of Business	3. Mailing Address		
Suite, Apt #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/04)
City & Sta	ite	City & State		4. FEI Number NO-T APPLICABLE Applied For Not Applicable
Zìp	Country	Zip	Country	5. Certificate of Status Desired   \$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
ONUTE POLICE AC			Name	
SMITH, DOUGLAS 1589 OSPREY NAPLES FL 34102			Street Address	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typod or printed name of registered agent a	nd title I applicable INOTE	Registered Agant signeture requir	ed when reinstating) DATE
	-		W!!! FEE IS \$50.00	
		Make Check Payable		
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM SMITH, DOUGLAS G 12345 PENDLETON PIKE INDIANAPOLIS IN 46236	□ Delete	TOTLE NAME STREET ADDRESS CITY-ST-ZIP	U0D000324604
THLE NAME STREET ADDRESS CITY+ST-ZIP		□ Delete	TILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST- ZIP		Delete	TITLE NAME STPEET ADDPESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
mucated	certify that the information supplied with ton this report is true and accurate and lability company or the receiver or trustee	nat my signature shall have th	ie same legal ettect as it.	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath, that I am a managing member or manager of the pter 608, Florida Statutes.