IMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000003116

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1. Entity Name



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FILED Jun 20, 2003 8:00 am Secretary of State 05-05-2003 92176 037 ****55.00

(239) 732-9400

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·	lace of Business	3. Mailing Address			;				•
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat		City & State			4. FEI Number	N/A		_	Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of S	tatus Desired		\$5.00 A	
					7. Name and Addr	ess of Current R	Registered	Agent	
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	IN THIS SP	AUE ::							
				City			FL	Zip Co	de
	named entity submits this statement for	the purpose of changing i	its register	ed office or registere	ed agent, or both, in	the State of Flori	ida. I am fa	miliar with	and accept
	ions of registered agent.				I	•			}
SIGNATURE .	Signature, typed or printed name of registered agent an	d tite il applicable.					DATE		
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INDICATED (on this report is true and accurate and the illity company or the receiver or trustee e	at my signature shall have	me same	legal effect as it mai	de under oath: Ihat	l am a managing	member	or manage	r of the
•		- /			4/28/03		732-9	400	

or transfermences as Authorized Representative