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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 501 Madison Aue					
		Suite, Apt, # etc.		07192005 Chg-LLC CR2E083 (10/03)			
City & Stat		- City & State N-2=Yor		4. FEI Number	-	Not	plied For t Applicable
Zip	Country	Zip 10022	New Yor	<u>M</u>	f Status Desired	Fee Required	
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and /	Address of New Re	gistered Agent	
200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324	Street Add		ss (P.O. Box Number is Not Acceptable)			
					• • • •		
	named entity submits this statemen		City			FL Zip Code	
				uired when reinstating)	Maka	shack soughle to	
Due I	ling Fee is \$50.00 by September 7, 2005				Florida	check payable to Department of State	
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