2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TIPED OR PRINTED

1. Entity Nar		00000116		ı		*.** E H	.ED	
								<u>-</u>
	ce of Business	Mailing Address				2001 APR 27	AM 10:	56
2815 DIRECTORS ROW STE 500 ORLANDO FL 32809		2815 DIRECTORS ROW STE 50 ORLANDO FL 32809				DIVISION OF C	ORPORAT	TIONS
2. Principal Place of Business		3. Mailing Address		•		T DEBUTABLI IND HAITH THOMAS BANK BANK DAN	 	AF 1800 II JURE 100 F
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· · · · · ·		DO NOT WRITE IN THI	3 SPACE	
City & Star	te	City & State	-		4. FEI	Number 86-0856405	. —	pplied For ot Applicable
Zip Country		Zíp	Country		5 Cert	tificate of Status Desired	\$5.00 Ad	ditional
-	6. Name and Address of Current F	legistered Agent			7. Nam	ne and Address of New Registered		30
LOONEY	CVEDUEN D			Name				
	, syephen r D & Knight			Street Address (P.O. Box Number is Not Acceptable)				
200 SOU	TH ORANGE AVENUE SUITE 2600							
ORLANDO FL 32801				City		F	Zip Cod	le
8. The above	named entity submits this statement for	the purpose of changing its	registered	office or registe	ered agent,		<u></u>	
SIGNATURE .	Signature, typed or printed name of registered agent ar	i i	W!!! FE	gent signature require EE IS \$50.00 Department		200004218 -05/15/011 *****55.00	1912- 011460 ******	4 002 5 5. 00
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHANGE	S	
TITLE Name Street address City-St-Zip	MGR MENAKER MANAGEMENT, INC. 2815 DIRECTORS ROW STE 500 ORLANDO FL 32809	□ Deleté	TITLE NAME STREET A CITY-ST			G	☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITLE	,			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET A	1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ Delete	TITLE NAME STREET A		 		☐ Change	☐ Addition
TITLE NAME	- 10 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15	☐ Delete	TITLE		<u> </u>		☐ Change	Addition :
STREET ADDRESS CITY-ST-ZIP			STREET A			31		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A				☐ Change	☐ Addition
TITLE NAME STREET ADORESS		☐ Delete	TITLE NAME STREET A	DDRESS			Change	☐ Addition
indicated	certify that the information supplied with the on this report is true and accurate and the company or the receiver or trustee of the company or the receiver or trustee or trustee of the company or the receiver or trustee of the company or the receiver of the company or the receiver of the company	at my signature shall have t	ne same le	tion stated in So gal effect as if r	nade unde	r oath; that I am a managing memb	rtify that the in er or manage	nformation of the