## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # MOROGOOGO



## **FILED** Jun 02, 2003 8:00 am Secretary of State

NORMALK CT 0880   Suite, Apt. #, etc.	1. Entity Nan	•	J00373				06-02-2003	90081 03	0 ****50.0	00	
NORMALK CT 0880   Suite, Apt. #, etc.	Principal Plac	e of Business	Mailing Address			1,					
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   S	166 GLOVER AVENUE NORWALK CT 06850				!						
City & State  Country	•	Place of Business	3. Mailing Address		<del></del>						
Addition   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional rise Required   \$5.00 Additional rise Req			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
Zip Country Zip Country St. Centrificate of Status Desired   \$5,00 Additional real Prequience   \$5,00 Additional real Prequience   \$5,00 Additional real Prequience   \$6, Name and Address of Current Registered Agent   \$7. Name and Address of New Registered Agent   \$1,000 Additional real Prequience   \$1,000 Additional real Prequience   \$1,000 Additional real Preparation   \$1,000 Additional real Additional real Preparation   \$1,000 Additional real Additional real Preparation   \$1,000 Additional real Additional real Additional real Additional real Preparation   \$1,000 Additional real Additional real Additional real Additional real Additional real Additional real Additional	City & State		City & State			4. FEI Num	4. FEI Number 06-0511171		<del> </del>	<del></del>	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2925  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.  SIGNATURE  TILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  Managing MeMBERS/MANAGERS  TILE MGR STEPHENS, RONALD STREET ADDRESS OTH'-S1-2P NORWALK CT 06850 TILE NORWALK CT 06850 TILE NORWALK CT 06850 TILE NORGER OF STEPHENS STREET ADDRESS STREET	Zip	Country	Zip	Country		5. Certificat	e of Status Desired		\$5.00 Add	ditional	
CCRPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2925  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and size if agoldative.  SIGNATURE  SIGNATURE  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  10. ADDITIO		6. Name and Address of Current	Registered Agent	Istered Agent							
1201 HAYS STREET   TALLAHASSEE FL 32301-2525		PODATION OFFICE COMPANY		Name	)						
B. 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  SIGNATU	120	1 HAYS STREET	Street		Address (F	P.O. Box Numb	per is Not Acceptab	ole)			
B. 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, typed or printed name of registered agent and title if applicable.  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE  MGR STEPHENS, RONALD  166 GLOVER AVENUE  NORWALK CT 06850  TITLE  MGR UININGSTON, ROBERT A  ONE MARINE MIDLAND PLAZA, 6TH FL_EAST TWR  CITY-ST-2P  MGR ONE MARINE MIDLAND PLAZA, 6TH FL_EAST TWR  CITY-ST-2P  MGR OEBACCO, RONALD  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  MGR AGG OLOVER AVENUE  CITY-ST-2P  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  MGR AGG OLOVER AVENUE  CITY-ST-2P  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  MGR AGG  GREEN HAVEN ROAD  CITY-ST-2P  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  MGR AGG  Change Addition  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  NAME  SIREET ADDRESS  SIREET ADDRESS  CITY-ST-2P  TITLE  NAME  SIREET ADDRESS	IAL	LAMASSEE FL 32301-2323							-		
the obligations of registered agent.  SIGNATURE    Signature, typed of printed name of registered agent and size if applicative.   NOTE: Registered Agent Bignature required when religating)   DATE				City		<del> </del>		FL	Zip Cod	le	
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGR Delete TITLE NOW.!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CITY-ST-ZIP TITLE MGR Delete TITLE NORWALK CT 06850 CITY-ST-ZIP NORWALK CT 06850 CITY-ST-ZIP NORMALK CT 06850 CITY-ST-ZIP NORMALK CT 06850 CITY-ST-ZIP NORMALK CT 06850 CITY-ST-ZIP TITLE MGR DEBACCO, RONALD MGR NORWALK CT 06850 CITY-ST-ZIP NORWALK CT 06850 CITY-ST-ZIP TITLE MGR DEBACCO, RONALD MGR			r the purpose of changing its	s registered office	or registere	ed agent, or b	oth, in the State of F	lorida. I am	familiar with,	and accept	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE MGR   Delete NAME   STEPHENS, RONALD   STREET ADDRESS   STEPHENS, RONALD   STREET ADDRESS   STREE	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sig	nature required	when reinstating)		DATE		<del></del> _	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE MGR   Delete NAME   STEPHENS, RONALD   STREET ADDRESS   STEPHENS, RONALD   STREET ADDRESS   STREE			FILE N	OW!!! FEE IS	\$50.00						
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logal offeet as if made under oath; that I am a managing member fequired by Chapter 608, Florida Statutes. limited liability company or the receiver

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING

Date

Daytime Phone #