LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailling Address of Limited Liability Company DOCUMENT # M98000000404					FILED OF APR 23 FN 5: 00 SHORETARY CE SELVE FIRE APR			,								
								<u> </u>	DUNSINANE II, L.I 31356 VIA COLINAS VESTLAKE VILLAGE	c.		00404	1a. Principal Pla 31356 V WESTLAK	IA COLI		?
								2 Principa	al Place of Business	g Address		3. Date Organized or Qualified		3a. State of Formation		
Suite, Apt #, etc. Suite, Ap			t # ofc		04/24/1	998	NV									
Suite, Apt. #, etc. Suite			, Apr. #, etc.		4. FEI Number		Applied	For								
City & State			ate		95-700		☐ Not Ap	plicable								
Zıp	Country	Zip	Coun	try	5. Date of Last F	leport	6. Certificate of Status D									
	7. Name and Address of Curre	nt Boolstored	Agent		None and Address	- At Nam Basia	\$8 75 Additional Fee Requi	red								
		· <u> </u>	Agent	Name 8.	Name and Address	S Of New Regis	tered Agent/Office									
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Addres:		s (P.O. Box Number is Not Acceptable)											
				Suite, Apt #, etc												
				City		· ·	Zip Code									
O Pursua	nt to the provisions of Continue 509 A	6 and 600 E00	Slerida Statutes, the a	have named limited	Highilit. angangan a	FL.										
its register	nt to the provisions of Sections 608.4' ed office or registered agent, or both, in red agent, and accept the obligations.															
SIGNATU	RE	na Apour Imenti (NOTE Begistered Agent signatu	one to tarred when personal to		DATE										
0. Title	Managing Members/Mana			ess Street Address		City,	State and Zip Code									
MGR#	COLBURN, DAVID I)	555 SKOKI	E BLVD.,	SUITE 55	NORTHE	BROOK IL, 60	065								
MGRM	VERBECK, DAVID (ERBECK, DAVID C 31356 VIA C				WESTLA	AKE VILLAGE	CA								
MGRM DUNHAM, DAVID D			2550 MIDW	AY ROAD,	SUITE 22		LLTON TX,750	-								
1					40	001002 -04/23 ****	08565 14 - 9/99010970 188.75 ** /* *18)18)9.7 ノ								
indicated or imited liabil attachment	eby certify that the information supplied n this annual report is true and accura lity company or the receiver or trustee t with an address.	e and that my	signature shall have the	same legal effect as	s if made under oath	, that I am a mar	naging member or manage	er of the								
SIGN.	ATURE:	YPED OR PRINTED	NAME OF STORIBUS MANACHIL	Mi Med to the Mathacas	·	4/16/99	(8/8) 99/-9	000								
	CHOMPTONIE PARTY		CALCUME AND CHOOSE OF ALL DISCORDED CO. L. C.	the state of the s			Later and the second second									

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