2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9800000857

1. Entity Name

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FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90230 035 ****50.00

PRODUCE PRICE OF BUSINESS TO CURRENCY ACTIONS TO CURRENCY ACTIONS TO COMPANY	JEFFERSON HOUSE OF BARTOW, LLC											
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City & State Country	2. Principal P	ace of Business	3. Maili	3. Mailing Address				1811 181 1818] 1811 1811 1811 18				
The Author Park P	Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent WADDORF, PAMELA J 2200 CENTREPARK WEST DRIVE S., SUITE 100 WEST PALM BEACH FL 33409 End of projection of registered agent. or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 B. MANAGING MEMBERS/MANAGERS ITILE MANG MANG, CHUAN 1011 N. CONGRESS AVENUE, SUITE 130 BOYNTON BEACH FL 33428 THE MANG SIFET ADDRESS OITY-ST-2P THE MANG SIFET ADDRESS OITY-ST	City & State		City {	City & State			4. FEI Num	nber 65-0851992		├		
WALDORF, PAMELA J 2200 CENTREPARK WEST DRIVE S., SUITE 100 WEST PALM BEACH FL 33409 City FL Zip Code	Zip	Country	Zip	Zip Country			5. Certifica	ate of Status Desired				
WALDORF, PAMELA J 2000 CENTREPARK WEST DRIVE S., SUITE 100 WEST PALM BEACH FL 33409 City FL Zip Code 6. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and eccept the obligations of registered agent. SIGNATURE THE NOW!!! FE IS \$50,010 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS (MANAGERS 10E Debte Due By May 1, 2003 9. MANAGING MEMBERS (MANAGERS 10E Debte Debte Due By May 1, 2003) 9. MANAGING MEMBERS (MANAGERS 10E Debte Debte Due By May 1, 2003) 9. MANAGING MEMBERS (MANAGERS 10E Debte Debte Due By May 1, 2003) 9. MANAGING MEMBERS (MANAGERS 10E Debte Debte Debte Debte Debte Debte Debte Due By May 1, 2003) 9. MANAGING MEMBERS (MANAGERS 10E Debte		6. Name and Address of Curre	ent Registered	d Agent			7. Name a	nd Address of New Reg				
2000 CENTREPARK WEST DRIVE S., SUITE 100 WEST PALM BEACH FL 33409 City FL	WAL	DORF. PAMELA J				Name					ļ	
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent. Signature Signat	2200 CENTREPARK WEST DRIVE S., SUITE 100)		Street Address (F	P.O. Box Num	ber is Not Acceptable)				
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Change Change Addition	WE2	I PALM BEACH FL 33409										
SIGNATURE Symmular Typed or prise name of registered agent control see if applicative. (NOTE Registerio Apent signature registered when represented) DATE						City			FL	Zip Cod	e	
Signature, typend or printed harme of regressered agent early its elegislates. (NOTE: Regislates degretal sequel when ministrating) P. MANNAGING MEMBERS/MANNAGERS 9. MANNAGING MEMBERS/MANNAGERS 10. ADDITIONS/CHANGES TITLE MARK WANG, CHUAN 1301 N. CONGRESS AVENUE, SUITE 130 BOYNTON BEACH FL 33426 TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE STR												
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE