## 2001 UNIFORM BUSINESS REPORT (UBR

| 200  | IUNI                         | LOUM DOSI                              | NESS REPU  | וחי   | (UDN)  | _ `   |   |  |                        |                      |  |
|--|------------------------------|--|--|---|--|---|---|--|------------------------|----------------------|--|
| DOCU  1. Entity Nam  JULIP, L.I.                             | # M9900                      | 0000144                                | •  |   |  |   |   |  |                        |                      |  |
| Principal Plac   | o of Busines                 |  | Mailing Address  | · · · · · · · · · · · · · · · · · · ·                         | ;  |   | OLFEBIL AMI                             | <b> : </b>                             |                        |                      |  |
| Principal Place of Business  606 ROBIN LANE  HAVANA FL 32333 |                              |  | Mailing Address<br>606 ROBIN LANE<br>HAVANA FL 32333   |   |  | TA  | SECRETARY OF STATE TALLAHASSEE. FLORIDA |  |                        |                      |  |
|  |                              |  |  |   |  |   |   |  | <u> </u>               |                      |  |
| Principal Place of Business     3. Mailing Address           |                              |  |  |   |  | _   |   |  |                        |                      |  |
| 2. Principal P   | race of Busi                 | ness                                   | 3. Mailing Address   |   |  |   |   |  |                        |                      |  |
| Suite, Apt. #, etc.  |                              |  | Suite, Apt. #, etc.  |   |  | DO NOT WRITE IN THIS SPACE  |   |  |                        |                      |  |
| City & State   |                              |  | City & State   |   |  | 4. FEI !  | <sup>lumber</sup> <b>59-3553046</b>     |  | Applie<br>Not Ap       | ed For<br>pplicable  |  |
| Zip  | Country                      |  | Zip Coun   |   | ntry   | 5. Certificate of Status Desired   \$5.00 Additional Fee Required |   |  |                        |                      |  |
|  | 6. Name                      | and Address of Current F               | Registered Agent   |   | Nome   | 7. Nam  | e and Address of New Re                 | gistered Agent                         |                        |                      |  |
| GOLDBER  | r F                          | •                                      | Name   |   |  |   |   |  |                        |                      |  |
| 2120 KILLARNEY WAY TALLAHASSEE FL 32308                      |                              |  |  |   | Street Address (P.O. Box Number is Not Acceptable) |   |   |  |                        |                      |  |
| TALLAMA  | 99EE FL 3/                   |  |  | City  | . FL Zip Code                                      |   |   |  |                        |                      |  |
| 8 The above  | v submits this statement for | the numose of changing its             | ed office or registe   | office or registered agent, or both, in the State of Florida. |  |   |   |  |                        |                      |  |
| o. The above   | mained entil                 | y additina tina statement for          | the purpose of chariging its   | register  | ed office of registe                               | area agent,   | or both, in the state of Flor           | ua.                                    |                        |                      |  |
| SIGNATURE .  | Signature, typed             | or printed name of registered agent ar | . nd title if applicable. (NOT   | E: Registere  | d Agent signature require                          | ed when reinstat  | ing)                                    | DATE                                   |                        |                      |  |
|  |                              | •                                      | FIX F ALL  |   | 300003   | 74345   | 33-                                     | $\overline{-1}$                        |                        |                      |  |
|  |                              |  | Make Check Pa  |   | FEE IS \$50.00<br>to Department                    |   | -02/20<br>*****                         | /010108                                | 102<br>***50           |                      |  |
|  |                              |  |  |   | <b></b>  |   |   |  |                        |                      |  |
| 9.<br>TITLE  | MGRM                         | MANAGING MEMBE                         | RS/MEMBERS  Delete   | 10.   | F  |   | ADDITIONS/0                             | CHANGES Cha                            | попе Г                 | Addition             |  |
| NAME   | DE LA VA                     | LDENE, GUY                             | L Doloic   | NAM   | 1  |   |   | ,                                      | 95                     |                      |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                | route 1,<br>  havana         | BOX 2770                               |  |   | EET ADDRESS<br>'-ST-ZIP                            |   |   | -                                      |                        |                      |  |
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| STREET ADDRESS   |                              | •                                      |  |   | EET ADDRESS<br>'-ST-ZIP                            |   |   |  |                        |                      |  |
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| indicated  | on this repo                 | t is true and accurate and the         | this filing does not qualify for<br>hat my signature shali have<br>empowered to execute this | the same  | e legal effect as if                               | made unde   | roath; that I am a managir              | urther certify that<br>ng member or ma | the inforr<br>nager of | nation<br>the        |  |
| SIGNAT   | TURF(                        | w. 2006/03/                            | LUQJA ASGU   | AZ  | <u> </u>   |   | 2/13/2001                               | 850 539                                | 89Z2                   | <b>=</b>             |  |
| SIGITAL  |                              | AND TYPED OR PRINTED NAME OF           | SIGNING MANAGING MEMBER, MAI   | NAGER, OR   | AUTHORIZED REPRES                                  | ENTATIVE  | Date                                    | Daytime Pho                            | ne #                   |                      |  |