## **2001 UNIFORM BUSINESS REPORT (UBR)**

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UT AFR 30. PM 6: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA SOUTHON'T OF 0880  20 POST ROUG SOUTHON'T OF 0880  2. Firropal Place of Business SUB AST 4: etc.  City & State Cit	1. Entity Name				. "		
SOUTH-PORT CT 05490  2. Principal Place of Bueliness  Suite, Apt. 4, etc.  City & State  City & State  Country  Zo  Country  Zo  Country  Zo  Country  Zo  Country  Zo  Country  Zo  Country  S. Constitute of Status Desired  8. Constitute of Status Desired  8. Constitute of Status Desired  Rest Required  Do NOT Writtle In 11-tes SPACE  Name and Address of Current Registered Agent  Name  COPPORATION SERVICE COMPANY  2001 HAVS STREET  TALLAHASSEE FI. 32301-2525  City  FL  Zo Code  Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FI. 32301-2525  City  FL  Zo Code  Rest Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FI. 32301-2525  City  FL  Zo Code  Rest Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FI. 32301-2525  City  FL  Note Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FI. 32301-2525  City  FL  Note Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FI. 32301-2525  City  FL  Note Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FI. 32301-2525  City  FL  Note Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FI. 32301-2525  City  FL  Note Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FI. 32301-2525  City  FL  Note Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FI. 32301-2525  City  FL  Note Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FI. 32301-2525  City  FL  Note Address (P.O. Box Number is Not Acceptable)  Name  Na	LAIVED!	AT, LLO					
Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE    City & State   Cuntry   Zip   Country   S. Certificate of Status Desired   S. 5.00 Auditional Fee Regulatered Agent    Suite and Address of Current Registered Agent   Name and Address of New Registered Agent    COPPORATION SERVICE COMPANY   1201 HAVS STREET   TALLAHASSEE FL. 92301-2525    8. The above named entity submits this statement for the purpose of changing to spisiored office or registered agent, or both, in the State of Porida.  SIGNATURE   Service   S. Suite   S	2507 POST ROAD 2507 POST ROAD				SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE    City & State   Cuntry   Zip   Country   S. Certificate of Status Desired   S. 5.00 Auditional Fee Regulatered Agent    Suite and Address of Current Registered Agent   Name and Address of New Registered Agent    COPPORATION SERVICE COMPANY   1201 HAVS STREET   TALLAHASSEE FL. 92301-2525    8. The above named entity submits this statement for the purpose of changing to spisiored office or registered agent, or both, in the State of Porida.  SIGNATURE   Service   S. Suite   S							
Coy & State  Coy & State  Country  S. Cartificate of Status Desirad  S. 50.00 Additional Previous Personal Country  For Proportion  Street Address of Current Registered Agent  Name  Name  Name  Street Address (P.O. Box Numbor is Not Acceptable)  City  FL Zip Code	2. Principal Place of Business 3. Mailing Address					ĀŅIK ODĀJO GRIJA GROAT KOAI 1861	
CORPORATION SERVICE COMPANY 1201 HAVS STREET TALLAHASSEE FL 32301-2525  City  FL Zie Code  8. The above named only submits this stelement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.  SIGNATURE  OPPARE 1. THE NAME of Provide or private image of organization or provided agent and first applicable.  FILE IN WITH FEEL IS \$50.00  Make Check Pp in place to Department of State  PRESENCE OF DOST PROUT POPT CORPORATION  THE OCAN WERN SOUTHPORT CORPORATION  OPPARE 1. Delete  THE NAME 1. THE	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
2 P Country Zip Country 5. Certificate of Status Desired 5. Sp. 30 Additional Fee Required Country 5. Certificate of Status Desired 5. Sp. 30 Additional Fee Required Country 5. Name and Address of New Registered Agent 7. Name and Address of N	City & State		City & State	<del> </del>	4. FEI Number 06-1544603		
So. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FI. 32301-2525  City FL Zip Code  City FL Zip Cod	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.  SIGNATURE  Topiatars, hyadro or ormed runs or ingistered agent and title if applicative.  Name Check Pp Subject to Department of State  MANA Check Pp Subject to Department of State  9. MANAGING MEMBERS MEMBERS  TITLE  MANE  STRET ADDRESS  STRET		6. Name and Address	of Current Registered Agent	·			
Street Address (P.O. Box Number is Not Acceptable)				Name	- <del></del>		
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8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.  SIGNATURE    Signature, typed or protect name of registered agent and the of applicable   Profit   Pr	TALLAHA	SSEE FL 32301-2525					
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   NOTE   Registered Apent dignature required when reliminating)   DATE				City	FL	Zip Code	
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FILE N WIT FEE IS \$50.00 Make Check Pe Abile to Department of State    MANAGING MEMBERS / MEMBERS   10.   ADDITIONS / CHANGES	SIGNATURE	Signature, typed or printed name of re	gistered agent and title if applicable. (NO	TE Registered Agent signature requi	ired when reinstating) DATE		
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