LIMITED LIABILITY COMPANY -- UNIFORM BUSINESS REPORT (UBR)

FILED Jun 23, 2003 8:00 am Secretary of State

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2. Principal P	lace of Business	3. Mailing Address				;				
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Suite, Apt.:	1020	#510 102	20							7
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8. The above	named entity submits this statemen	nt for the purpose of char	iging Its n			, or both, in the State	of Florid	a. I am fa	amiliar with,]
	t the obligations of registered agent]
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if sociic	able.				-	DATE	 .	}
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	ertify that the information supplied w								fy that the ng member or	ĺ
manager of	of the limited liability company or the	e receiver or trustee empo	owered to	execute this report	as required by	Chapter 608, Florida	Statutes]
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SIGNAT	SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGN	NG MANA	GING MEMBER, MAN	AGER,	Date		Phone #		ł
ł	OR AUTHORIZED REPRESE	NIAIVE						_		J