LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2002 8:00 am Secretary of State

05-22-2002 90069 034 ***150.00

DOCUMENT # POLOCY 1. Entity Name SOUTH FINANCE INTE	FEGENICALIS	05-22-2002 90069 034 ***150.00
DO NOT WRITE		965415
2. Principal Place of Business 3440 Holywood BUD. Suite, Apt. #, etc. SUITE 360 City & State Horywood, FL Zip Country	3. Mailing Address 3440 400 40000 b Suite, Apt. #, etc. Suite 360 City & State 4004000 D, FC Zip Country Name Name Street Ad	
6. The above named entity submits this statement for the SIGNATURE CONTROL A. ROSIGNATURE Signature, typed or printed name of registered agent and the statement of the statement for the statem	City City Pe purpose of changing its registered office for	TO HOLLINGOD BUD., STE 360 SOULODD FL Zip Code 33021 registered agent, or both, in the Slate of Arida. DATE
9. MANAGING MEMBERS. TITLE D. P.T NAME MIGUEL GUARDIC STREET ADDRESS 3 440 HOWWOOD, FL	CA HAME SCUD STEEDO STREET MODERS	###\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	TELL NAME STREET ADDRESS GREY ST. 20 STRE NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP ITTLE MAME STREET ADDRESS CITY-CIP 1. I hereby certify that the information supplied with this f	STRET ADDRESS CHY-ST-YP TOLE NAME STREET ADDRESS CHY-ST-ZP	To Section 110 OTION F

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:

MIGUEL GUARDIOLA (D,P, +) 4/30/02 (954)

SIGNATURE:

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

Date

Disputing Phone #