FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State

DOCUMENT # 7960004341	1	05-29-2002 93596 049 ***150.00
DOWN EASTMANagement L'	oup, Inc.	
DO NOT WRITE IN THIS SP	ACE	
2. Principal Place of Business (383 N.W. 24K Street 3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Buch Ratos Florida City & State		4. FEI Number Applied For Not Applicable
33434 Country Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
and the second s	Name 1	7. Name and Address of Current Registered Agent
DO NOT WRITE	- Wa	reen Kozlow
IN THIS SPACE	7000	P.O. Box Number is Not Acceptable) Park Rd.
III HIIO OFACE	Suite	L # 400
	City Bac	Raton FL Zip Code 433
8. The above named entity submits this statement for the purpose of changing its ϵ	egistered office or registere	ed agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature required v	when rendating) DATE
Tax filing requirement and elects to do so. After May 1 Amended	y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
	e to Department of State	
me D President	TITLE	
NAME STREET ADDRESS 6383 N.W. 24+65+.	NAME STREET ADDRESS	
CITY-ST-ZP BOCA RATOD F1. 33434	CITY-ST-ZIP	
TITLE NAME	TITLE	
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CITY-ST-ZIP	CITY-ST-ZIP	
TITLE NAME	TITLE.	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	DO NOT-WRITE
TITLE	CTTY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·
NAME	NAME	IN THIS SPACE
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TITLE	mie"	
NAME STREET ADDRESS	NAME.	
CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	TITLE	
STREET ADDRESS	NAME STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is true and accurate and training of the receiver or trusted empowered to execute this training.	ne exemption stated in Sec signature shall have the sa	tion 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director
of the corporation or the receiver or trustee empowered to execute this report attachment with an address, with all other like empowered.	as required by chapter oo.	7, Florida Statutes; and that my hame appears in Block 11 or on an
SIGNATURE:	1 Kare	ed J. Ginsburg 5-10-02 6990 Date Dayline Phone i
BYGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF	AFRECTOR	Dale Daytime Phone ₹