FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P 9900000 6632

DOCUMENT#

SIGNATURE:

1. Entity Name

GMLF, WC

FILED Mar 25, 2002 8:00 am Secretary of State 03-25-2002 90018 039 ***150.00

DO NOT WRITE IN THIS SPACE							427261			
<i>561</i> Suite, Apt	t. #, etc.	ess E TRAIL	3. Mailing Address 501 Pawa Suite, Apt. #, etc.	501 PAWAEE TRAIL			DO NOT WRITE IN THIS SPACE			
City & Sta	TLAND	FLA	City & State MA > TLAnd.				4. FEI Number Applied For S9-357 4045 Not Applicable			
32757	57 Country ORONGE		Zip 32751	Zip Cour 32.751 O		5.	5. Certificate of Status Desired See Required Fee Required			
DO NOT WRITE IN THIS SPACE					7. Name and Address of Current Registered Agent Name Louis FREY JR Street Address (P.O. Box Number is Not Acceptable) 139 GENIUS JRIVE					
•		\sim		•	City W	VTEC	PARK	FL	Zip Code	
9. This corporate filling in	-	1 Im	and title if applicable. (N January 1 After M Amend	NOTE: Registered May 1 F ay 1, Feeded UBR	ad Agent signature requires \$150.00 is \$550.00 is \$61.25	ired when I	gent, or both, in the State of Florida reinstating) 10. Election Campaign Financ Trust Fund Contribution.	D) V	\$5.00 May Be Added to Fees	
11.		OFFICERS AN	Make Check Pay D DIRECTORS	able to D	eparument or 3	rate				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		CHAY GEOV PAUNE TO ATLAND PL			EET ADDRESS '-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP		WISE FREN	r F 32783		IE EET AODRESS '-ST-ZIP					
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indicated of the cor	on this report poration or the	or supplemental report	is true and accurate and that powered to execute this rep	t my signai	ture shall have th	e same	119.07(3)(i), Florida Statutes. I furtl legal effect as if made under oath; orida Statutes; and that my name a	that I am	an officer or director	