LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 15 PM 2: 26			
ILING \$ 188	FEE Annual Report \$10 .75 Make Check Paya					}			
Name of Limi	and Mailing Address ited Liability Company	CUMENT	「# zoo	140		1			
:	SCHOONER OAKS L	1a. Principal Place of Business Address 1185 LAKESHORE ROAD EAST MISSISSAUGA, ONTARIO CANADA L5E 1G1							
1	1185 LAKESHORE 1 MISSISSAUGA, ON' CANADA L5E 1G1								
Princip	oal Place of Business	2a. Mail	ing Address			Date Organize	ed or Qualified	3a. State of	Formation
Suite. Apt	t # etc	Suite A	Suite, Apt. #, etc.			10/26/1	989	FL	
Junio, Figil		Suite, At				4. FEI Number			Applied For
City & Sta	ate	City & St	City & State			98-0106	166	Ī	Not Applicabl
Zip	Country	Zip		Count		5. Date of Last F	eport		of Status Desired
				٠		04/20/1			al Fee Required
	7. Name and Address of Co	urrent Registered	Agent		Name	Name and Address	of New Regis	ilered Agent/O	ttice
1273	H, C.E. NW SPRUCE RIDG RT FL 34994	E DRIVE			Street Address (P.O. Box Number l	s Not Acceptal	ble)	
					City		FL	Zip Code	
its registe	ant to the provisions of Sections 600 ared office or registered agent, or both ared agent, and accept the obligation	h, in the State of Fic	B, Florida State orida. Such cha	ites, the at inge was a	oove-named limited uthorized by affirma	I liability company si ative vote of a majorit	ubmits this state	ement for the pure. Thereby acce	urpose of changing optimer
	(Registered Agent Ac		(NOTE Registered a	Agent signatur	e required when read visits		ATE		
	JRE		(NOTE Hagistered /		c required when record of ess Street Address	9		, State and Zip	Code
O. Title	(Registered Agent Ac	anagers		Busine		9	City	State and Zip	
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