2001	i UNIFO	ORM BUSI	NESS	REPO	RT (UB	R)						0009131
	MENT#	Z0015	8									ಪ
1. Entity Nam		AURANT, L.C.			:A.s 5	100	ald Regie	<b>a</b>				¥
THE ENT	JENO NEOIA	MORANT, L.O.			. C		ILEC	,	ı			
Principal Plac	e of Business		Mailing Ad	Idress	<del></del>	<del>01</del> SEP	7 P	M 12: 17				
•	NGE BLOSSOM		PO BOX 3			SECRET	ARY OF	STATE				
KISSIMMEE F	FL 34744		MIAMI FL	33135		TALLAHA	ASSEÈ, F	LORIDA				
•												
2. Principal F	Place of Business		3. Mailing A	Address				ii <b>da</b> iii d <b>aia</b> i iiddi <b>i</b>			EB     <b>                                 </b>	
Suite, Apt.	#, etc.		Suite, Ap	ot. #, etc.				DO NOT WRI	TE IN THIS	SPÁCE		
City & Stat	e		City & Sta	ate		4. FI	El Number	65-0161044		<del></del>	plied For t Applicable	
Zip	C	ountry	. Zip	•	Country	<b>5</b> . C	Certificate of	Status Desired	×	\$5.00 Add Fee Require		
	6. Name and	Address of Current R	egistered Ag	jent	Name	7. N	lame and Ad	dress of New F	legistered	Agent		
GEVERS,	JOHN C DRANGE BLOSS EE FL 34744	SOM TRAIL	مانيسان خالج	ن. ' سمخمت و کخ	Street	Address (P.O. Bo	ox Number is	Not Acceptable	TR	uste	<b>2</b>	
					City	liai			FL	Zip Code	200	
KISSIMMI		omits this statement for t	the purpose o	of changing its		<i>liami</i> or registered age	ent, or both, i	n the State of Flo		Zip Code	125	
KISSIMMI	named entity sub	usa O.C	the purpose o	$^{2}$ $Z$	registered office	or registered age					125	
KISSIMMI  8. The above	named entity sub	omits this statement for the statement of the statement of registration when the statement of the statement	the purpose of	Z Z	registered office of the second secon	or registered age	nstating)		orida. P/24 DATE	1/01		
KISSIMMI  8. The above	named entity sub	usa O.C	bitle if applicable	7 (NOT	registered office	or registered age sture required when rein \$50.00	nstating)	000 <b>4</b> ( =09/26;	orida.	<i>161</i> 162- 10360	<u>8</u>	
8. The above	named entity sub	usul D. C.	bitle if applicable.  Mak	FILE No	e registered office of the registered Agent sign OW III FEE IS ayable to Depart	or registered age sture required when rein \$50.00	nstating)	00046 =09/26; *****	orida.	<i>1/01</i> 162- 10360 *****5	<u>8</u>	
8. The above SIGNATURE	e named entity substitute, types of print	ted name of registring against an	Makes MEMBER	FILE No	e registered office of the registered office of the registered Agent sign OW!!! FEE IS ayable to Depart 10.	or registered age sture required when rein \$50.00	nstating)	000 <b>4</b> ( =09/26;	orida.	<i>1/01</i> 162- 10360 *****5	<u>8</u>	(00/
8. The above	married entity substitute, types or price	MANAGING MEMBEF	Makes MEMBER	FILE NI ke Check Pa	e registered office of the registered office of the registered Agent sign OW III FEE IS ayable to Depart 10.	or registered age sture required when rein \$50.00 timent of State  MEM LUZS A	nstating)	01004 =09/26; ***** Additions	DATE  DATE  1 2  01=0  55.00  CHANGES	162- 1036-0 *****5		3 (11/00)
8. The above SIGNATURE 9. TITLE NAME	married entity substitute, types or price	MANAGING MEMBER	Makes MEMBER	FILE NI ke Check Pa	e registered office of E. Registered Agent sign  OWILI FEE IS ayable to Depail  10.  IIILE NAME	Sture required when rein the required when rein the state of State	e 201	00/26; ****** ADDITIONS	DATE  DATE  1 2  01=0  55.00  CHANGES	162- 1036-0 *****5		2E083 (11/00)
8. The above SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MEM COLE, EDWIN 14238 COLOT ORLANDO FL	MANAGING MEMBER	Mak  BS/MEMBER	FILE NI ke Check Pa	e registered office of E: Registered Agent sign  OWILI FEE IS ayable to Depail  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	or registered age sture required when rein \$50.00 timent of State  MEM LUZS A	e 201	01004 =09/26; ***** Additions	DATE  DATE  1 2  01=0  55.00  CHANGES	162- 1036-0 *****5		CR2E083 (11/00)
8. The above SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-S1-ZIP	MEM COLE, EDWIN 14238 COLON ORLANDO FL	MANAGING MEMBER  I H. NIAL GRAND BLVD  AN / AVENUE	Mak  BS/MEMBER	FILE Nike Check Pa	e registered office of E. Registered Agent sign  OWILI FEE IS ayable to Depail  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Sture required when rein the required when rein the state of State	e 201	00/26; ****** ADDITIONS	DATE  DATE  1 2  01=0  55.00  CHANGES	//O/ 162- 1036=0 *****5 Change	125 22 0.00 <b>X</b> Addition	CR2E083 (11/00)
8. The above SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MEM COLE, EDWIN 14238 COLON ORLANDO FL MEM GEVERS, JOH 2654 SHERLY	MANAGING MEMBER  I H. NIAL GRAND BLVD  AN / AVENUE	Mak RS/MEMBER:	FILE Nike Check Pa	e registered office of E: Registered Agent sign OWILI FEE IS ayable to Depart 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sture required when rein the required when rein the state of State	e 201	00/26; ****** ADDITIONS	DATE  DATE  1 2  01=0  55.00  CHANGES	//O/ 162- 1036=0 *****5 Change	125 22 0.00 <b>X</b> Addition	CR2E083 (11/00)
8. The above SIGNATURE 9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COLE, EDWIN 14238 COLON ORLANDO FL MEM GEVERS, JOH 2654 SHERLY	MANAGING MEMBER  I H. NIAL GRAND BLVD  AN / AVENUE	Mak RS/MEMBER:	FILE Nike Check Paris  Delete	e registered office of E: Registered Agent sign  OWILI FEE IS ayable to Depail  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	pr registered age sture required when rein \$50.00 timent of State  ##################################	e 201	00/26; ****** ADDITIONS	DATE  DATE  1 2  01=0  55.00  CHANGES	162- 1036=0 *****5 G Change	22	CR2E083 (11/00)
8. The above SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MEM COLE, EDWIN 14238 COLON ORLANDO FL MEM GEVERS, JOH 2654 SHERLY	MANAGING MEMBER  I H. NIAL GRAND BLVD  AN / AVENUE	Mak RS/MEMBER:	FILE Nike Check Paris  Delete	e registered office of E-Registered Agent sign  OWILI FEE IS ayable to Depail  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP	pr registered age sture required when rein \$50.00 timent of State  ##################################	e 201	00/26; ****** ADDITIONS	DATE  DATE  1 2  01=0  55.00  CHANGES	162- 1036=0 *****5 G Change	22	CR2E083 (11/00)
8. The above SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MEM COLE, EDWIN 14238 COLON ORLANDO FL MEM GEVERS, JOH 2654 SHERLY	MANAGING MEMBER  I H. NIAL GRAND BLVD  AN / AVENUE	Mak  RS/MEMBER	FILE Nike Check Paris  Delete	e registered office of E: Registered Agent sign  OWIII FEE IS ayable to Depail  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  TITLE	pr registered age sture required when rein \$50.00 timent of State  ##################################	e 201	00/26; ****** ADDITIONS	DATE  DATE  1 2  01=0  55.00  CHANGES	162- 1036=0 *****5 G Change	22	CR2E083 (11/00)
8. The above SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COLE, EDWIN 14238 COLON ORLANDO FL MEM GEVERS, JOH 2654 SHERLY	MANAGING MEMBER  I H. NIAL GRAND BLVD  AN / AVENUE	Mak RS/MEMBER	FILE Nike Check Pa	TITLE NAME STREET ADDRESS CITY-ST-ZIP	pr registered age sture required when rein \$50.00 timent of State  ##################################	e 201	00/26; ****** ADDITIONS	DATE  DATE  1 2  01=0  55.00  CHANGES		22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CR2E083 (11/00)
8. The above SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COLE, EDWIN 14238 COLON ORLANDO FL MEM GEVERS, JOH 2654 SHERLY	MANAGING MEMBER  I H. NIAL GRAND BLVD  AN / AVENUE	Makes/MEMBER	FILE Nike Check Paris  Delete  Delete  Delete	B registered office of E: Registered Agent sign.  OWILL FEE IS ayable to Depail 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	pr registered age sture required when rein \$50.00 timent of State  ##################################	e 201	00/26; ****** ADDITIONS	DATE  DATE  1 2  01=0  55.00  CHANGES	162-1036=0 1036=0 ****** Change Change	22 0.00 Addition Addition	CR2E083 (11/00)
8. The above SIGNATURE 9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MEM COLE, EDWIN 14238 COLON ORLANDO FL MEM GEVERS, JOH 2654 SHERLY	MANAGING MEMBER  I H. NIAL GRAND BLVD  AN / AVENUE	Makes/MEMBER	FILE Nike Check Pa	B registered office of E: Registered Agent sign OW III FEE IS ayable to Depail 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	pr registered age sture required when rein \$50.00 timent of State  ##################################	e 201	00/26; ****** ADDITIONS	DATE  DATE  1 2  01=0  55.00  CHANGES		22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CR2E083 (11/00)
8. The above SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MEM COLE, EDWIN 14238 COLON ORLANDO FL MEM GEVERS, JOH 2654 SHERLY	MANAGING MEMBEF I H. NIAL GRAND BLVD IN AVENUE L	Makes/MEMBER	FILE Nike Check Paris  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pr registered age sture required when rein \$50.00 timent of State  ##################################	e 201	00/26; ****** ADDITIONS	DATE  DATE  1 2  01=0  55.00  CHANGES	162-1036=0 1036=0 ****** Change Change	22 0.00 Addition Addition	CR2E083 (11/00)
8. The above SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COLE, EDWIN 14238 COLON ORLANDO FL MEM GEVERS, JOH 2654 SHERLY	MANAGING MEMBER  I H. NIAL GRAND BLVD  AN / AVENUE	Make MEMBER	FILE No ke Check Paris  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	pr registered age sture required when rein \$50.00 timent of State  ##################################	e 201	00/26; ****** ADDITIONS	DATE  DATE  1 2  01=0  55.00  CHANGES		22   22   22   22   23   24   24   24	CR2E083 (11/00)
8. The above SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MEM COLE, EDWIN 14238 COLON ORLANDO FL MEM GEVERS, JOH 2654 SHERLY	MANAGING MEMBEF I H. NIAL GRAND BLVD IN AVENUE L	Make MEMBER	FILE Nike Check Paris  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pr registered age sture required when rein \$50.00 timent of State  ##################################	e 201	00/26; ****** ADDITIONS	DATE  DATE  1 2  01=0  55.00  CHANGES	162-1036=0 1036=0 ****** Change Change	22 0.00 Addition Addition	CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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:

ıí

8/24/01 305-5413711 Date Dayline Phone #