2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT# 200420 1. Entity Notice CORA LIMITED COMPANY OI JUL 6 PM 1:50 SECRETARY OF STATE FALLAHASSEE, FLORIDA SECRETARY OF STATE FALLAHASSEE, FLORIDA SECRETARY OF STATE FALLAHASSEE, FLORIDA DONOT WRITE IN THIS SPACE City & Black					· /	_		
Principal Place of Business Mailing Address 7				, e .		FILED		
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2. Principal Place of Business Suite. Apt. #. etc. Suite. Apt. #. etc. Suite. Apt. #. etc. Cry & Suite Cry & State C	709	N.W. 10TH AL	VENUE			THE THE PART OF TH		
Suite, April 4, etc. City & State City & S	DAN	1A, FL 33004				v .		
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Zip Country Zip Country A. Certificate of Status Desired Zip S. Do Additional Fee Recytorial Fee	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered dispersed agent, or both, in the State of Foodes. SIGNATURE 8. The above named entity submits this statement for the purpose of changing its registered dispersed agent, or both, in the State of Foodes. SIGNATURE 8. The above named entity submits this statement for the purpose of changing its registered dispersed or registered agent, or both, in the State of Foodes. SIGNATURE 8. The above named entity submits this statement for the purpose of changing its registered dispersed agent, or both, in the State of Foodes. SIGNATURE 9. MANAGING MEMBERS 10. ADDITIONS/CIVANGES 10. ADDITIONS/CI	City & State	9	City & State					
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registance office or registered agent, or both, in the State of Fonde.	Zip	Country	Zip	Coun	try	5 Cortificate of Status Desired \$5.00 Additional		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Address of New Registered Agent		
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Footida. SIGNATURE Online Onli	GAL	LET JACQUE	5					
City	709	N.W. 10th AV	/ ,		Street Address	s (P.O. Box Number is Not Acceptable)		
SIGNATURE Signature, typed or presed name of requested agent and rise application. Signature Sig								
SIGNATURE Signature bytes or printed name of registeros agent and title if applicable. (NOTE Registered Agent signature recorded when reinitiating) DATE		, , , , , , ,			City	FL Zip Code		
NOTE Registered Agent updates of agent and the # applicable. NOTE Registered Agent updates organized when instituting	8. The above	named entity submits this statement	for the purpose of changi	ing its registere	ed office or regist	stered agent, or both, in the State of Florida.		
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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	- 1				1			
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