

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000001726

1. Entity Name

CREME DE LA CREME, LLC



FILED

2003 APR 17 PM 1:31

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1100 Lincoln Road
Suite, Apt. #, etc.

3. Mailing Address
1100 Lincoln Road
Suite, Apt. #, etc.

H
City & State
Miami Beach, FL

H
City & State
Miami Beach, FL

4. FEI Number
65-0991602

Applied For
Not Applicable

Zip
33139

Country
USA

Zip
33139

Country
USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michael P. Gable
Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Boulevard
Suite 735 South Tower
City
Hollywood **FL** Zip Code
33021-6755

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FEE IS \$50.00
Make Check Payable to Florida Department of State 200016230632
DUE BY MAY 1 04/17/03--01099--012 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Manager</u> <u>Rainer N. Filthaut</u> <u>4901 Tamiami Trail North</u> <u>Naples, FL 34103</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Rainer N. Filthaut 4-15-03 (239) 213-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)