

**2001 UNIFORM BUSINESS REPORT (UBR)**

0000713 AF

**DOCUMENT #** L00000004402  
 Entity Name  
**LEN, L.L.C.**

**FILED**  
 01 JAN 22 PM 3:35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 2121 PONCE DE LEON BLVD PH 2  
 CORAL GABLES FL 33134

Mailing Address  
 2121 PONCE DE LEON BLVD PH 2  
 CORAL GABLES FL 33134

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

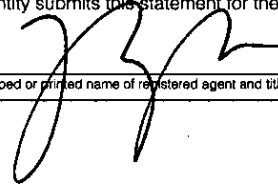
4. FEI Number  
 65-1009467 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BERMAN WOLFE RENNERT VOGEL & MANDLER PA**  
**ATTN: LEON J. WOLFE, ESQ.**  
**100 SE SECOND STREET SUITE 3500**  
**MIAMI FL 33131-2130**

7. Name and Address of New Registered Agent  
 Name  
 Registered Agents of Florida, LLC  
 Street Address (P.O. Box Number is Not Acceptable)  
 100 Southeast Second Street:  
 Suite 3500  
 City Miami FL Zip Code 33131-2130

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.

SIGNATURE  V.P. 1/18/01  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**


9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	MEYERS, STUART I	2121 PONCE DE LEON BLVD PH 2	CORAL GABLES FL 33134	<input type="checkbox"/>
MGR	LOPEZ, JORGE	2121 PONCE DE LEON BLVD PH 2	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:**  **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/15/01 305-443-8288  
 Date Daytime Phone #

CR2E083 (11/00)