(4/02)

CR2E083

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000014994 CASA TUA HOTEL & RESTAURANT COMPANY L.L.C.

CITY-ST-ZIP

SIGNATURE

11. I hereby certify that the information supplied with this filling indicated on this report is true and accurate and that my significated liability company or the processe or trustee employed.

FILED Sep 15, 2002 8:00 am Secretary of State

09-15-2002 90090 038 ****50.00

Principal Place of Business Mailing Address 1700 JAMES AVE. 1700 JAMES AVE. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-1060314 Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRENDENE, MICHELE Street Address (P.O. Box Number is Not Acceptable) 445 EAST RIVO ALTO DRIVE MIAMI BEACH FL 33139 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE 1 TITLE ☐ Delete ☐ Change Addition GRENDENE, MICHELE NAME NAME STREET ADDRESS 445 EAST RIVO ALTO DRIVE STREET ADDRESS CITY-ST-7/P MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

STREET ADDRESS

bes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hature shall have the same legal effect as if made under oath; that I am a managing member or manager of the do execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP