## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #1 0100002125



**FILED** Mar 20, 2003 8:00 am Secretary of State

Stop Address of Current Registered Agent   Stop Address of Status Deared   Stop Address of New Registered Agent   T. News and Address of News Registered Agent   T. News and Address and Agent   T. News and Address of News Registered Agent   T. News and Address	1. Entity Na	DE OPEN, L.L.C.	02123			03-20-2003 90040 038 ****50.00					
Suite Apt P. do.  Ap 4 A.  City 4 A.  City 4 A.  City 3 Suite  April T.  Constitute  T.  Constitute T.  Constitute T.  Constitute T.  Constitute T.  Constitute T.  Constitute T.  Constitute T.  Constitute T.  Constitute T.  Constitute T.	1463 SOUTH MIAMI AVE SUITE B		1205 MARIPOSA AVE # 321								
Suite, Apt. 9, etc.  App. 44  City 4, State Mirami FL  Zip Courty  33133  Courty  33133  Courty  33133  Courty  33133  Courty  35. Certificate of Status Desired   \$5.00 Additions of Status Desired   \$6. Name and Address of Current Registatored Agent  CASABIANCA, MARIA SILVIA 1205 MANPOSA AVE	2. Principal Place of Business 3669 Poinciana Ave ap 44		3. Malling Address 3669 Poinciano Gire								
29 33133	Suite, Apt. #, etc.		Suite, Apt. #, etc.			HECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent	Miami 7-L					4. FEI Number 65-1075536 Applied For Not Applicable					e
CASABIANCA, MARIA SILVIA  1205 MANPOSA AVE  # 321 MIAMI FL 33146  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 wint, and the obligations of registered agent, or printed name of impulser/registerial agent.  SIGNATURE  Spenkee, lysed or printed name of impulser/registerial state in the obligations of registered agent, or point, in the State of Florida. I am familiar wint, and make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  TITLE  MAKE  CASABIANCA, MARIA S  SIRKET ADDRESS  SIR		3 lisa	<i>3</i> 313.3_/	County					Fee Requir		1
B. The above named entity aubmits 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 the obligations of registered agent.  SIGNATURE  Signature. Sign	120: # 3:	SABIANCA, MARIA SILVIA 5 MANPOSA AVE 21	Name CASABIANCA MARIA SILVIA Street Address (P.O. Box Number is Not Acceptable) 3667 POINCIANA AVE  AIP 4A  City AIA 16: To Living To Living Code								
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITITLE CASABLANCA, MARIA S STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146  TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE CASABLANCA, MADEL APT ADDRESS CIT	une vonga	Dasdave	nd title trapplicable (NOTE	Registered Agent signatu	are required whe	n reinstating)		Florida. I am	familiar with	and accept	
TITLE NAME CASABLANCA, MARIA S STREET ADDRESS CITY-ST-ZIP TITLE NAME S	<u> </u>	MANACINO MEMORE	Due	By May 1, 2003	3						
TITLE NAME NAME SILVA, SANDRA 1205 MARIPOSA AVE # 321 CORAL GABLES FL 33146  Delete  TITLE NAME SILVA , SANDRA 1205 MARIPOSA AVE # 321 CORAL GABLES FL 33146  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Chance  C	TITLE NAME STREET ADDRESS	D CASABLANCA, MARIA S 1205 MARIPOSA AVE # 321		TITLE NAME STREET ADDRESS	C454 E 3669	ANCA POING	, MARÍA	S VE A	Change	☐ Addition	1 000000
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NAME STREET ADDRESS CITY-ST-ZIP  1. Liberably Certify that the information guardied with this fill and the fi	AME TREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS					Change	Addition	

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.

MANAGER, OR AUTHORIZED REPRESENTATIVE