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



FILED Apr 03, 2003 8:00 am

	04-03-2003 90017 045 ****50.00			
Mailing Address				
4 075-PONCE DE LEON BOULE CORAL-GABLEC-FL-00140	VARD. SUITE SOO			
3. Mailing Address 2199 Toxedule	w BLVD			
Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
COLAL GABLAS	s, Fes	4. FEI Number 22-3851105	Applied For Not Applicable	
33/34	Country 45A		5.00 Additional ee Required	
rrent Registered Agent		7. Name and Address of New Registered Ag	gent	
STINSON, LOUIS JR. 4675 PONCE DE LEON BOULEVARD, SUITE 389 OGRAL GABLES FL 88148		(P.S. Box Number is Noracceptable) Les N	3334	
*	3. Mailing Address 2) 99 Touce delete Saile, Apt. #, etc. City & State Color Zip 33334 urrent Registered Agent	3. Mailing Address 2) 99 Towe delease BLVD Site, Apt. #, etc. City & State Country Zip Zip Country Name Streat Address Streat Address Suite. Apt. #, etc. City Country Streat Address Suite. Apt. #, etc.	3. Mailing Address 2. Prove delease Burd Stile, Apt. #, etc. City & State Country Zip Zip Country T. Name and Address of New Registered Agent Name Name Street Address (P. Box Number is Not Occeptable) Street Address (P. Box Number is Not Occeptable) Street Address (P. Box Number is Not Occeptable) Street Address (P. Box Number is Not Occeptable)	

SIGNATURE .	- June 1				0.000		
	Signature, typed or printed name of registered agent and t	itle if applicable. (NOTE	Registered Agent signal	ture required when reinstating)		DATE	
		Make Check Payable	W!!! FEE IS \$ to Florida De By May 1, 200	partment of State			
9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES			
TITLE	40	☐ Delete	TITLE	<u>P</u> ID ,	i	Change	☐ Additi
NAME	STINSON, LOUIS JR-		NAME	STHISON, 40	الحرب حاديث	RLID #3	.,
STREET ADDRESS	DRESS 4675 PONCE DE LEON BLVD, OTE 305		STREET ADDRESS	2199 PONCE			74
CITY-ST-ZIP	GORAL GABLES FL-98149		CITY-SY-ZIP	CORAL GAR	sees FLA	33134	

Change ☐ Addition TITLE Delete TITLE NAME SKINNER: TRUMAN A NAME STREET ADDRESS STREET ADDRESS 4873 PONCE DE LEON BLVD, STE 909 33/34 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33140 Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

NAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

305-444-8807