

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

FILED
Mar 06, 2003 8:00 am
Secretary of State

02-24-2003 90054 047 ****50.00

DOCUMENT # L02000001833

1. Entity Name
CANEM, LLC



Principal Place of Business
**848 BRICKELL AVE. SUITE 830
MIAMI FL 33131**

Mailing Address
**848 BRICKELL AVE. SUITE 830
MIAMI FL 33131**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
01-0591679

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~MARTIN, MIGUEL A~~
~~848 BRICKELL AVE. SUITE 830~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name
Miguel G. Farra

Street Address (P.O. Box Number is Not Acceptable)
Morrison Brown Argiz & Co.

1001 Brickell Bay Dr., 9th Floor

City
Miami

Zip Code
FL 33131

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

B. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MADDALAZZO, ELLIO 848 BRICKELL AVE. SUITE 830 MIAMI FL 33131 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MADDALAZZO, CORINA 848 BRICKELL AVE. SUITE 830 MIAMI FL 33131 | <input type="checkbox"/> Delete |
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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 of Justice empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/19/03 **3053735500**
Date Daytime Phone #

CR2E083 (10/02)