2003 LIMITED LIABILITY COMPARY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2003 8:00 am Secretary of State

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DOCU 1. Entity Nan 54TH STI					02-21	-2003 900	023 024 ***	**50.00			
Principal Plac		J					 -				
240 FERN DRI BOCA RATON	VE	Mailing Address 240 FERN DRIVE BOCA RATON FL 33432									
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suile, Apt. #, etc.				- D-CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number Applied For 46 - 135 918 7 Not Applicable						
Zip	Country Zip C		Cour	ntry		5. Certificate of Status Desired					7
	6. Name and Address of Current Re	egistered Agent	==-	Nair a	~ , .	7. Name an	d Address of N	ew Registers	d Agent		-
STO	NE, ELLEN			Name					· —		} -
240			Street Ac	ddress (P.	O. Box Num	ber is Not Accep	table)			7	
BOO	CA RATON FL 33432			}			 -	,			7
				City					Zip Coo		-
<u> </u>	named entity submits this statement for the			L ` _			-al- (- al- Ossa-	F	L	_	4
	rnamed entity submits this statement for ti tions of registered agent.	ne purpose oi changing its i	edizen	ed Dilice G	registere	a agent, or o	otn, iii ine State	orrionua. Fa	ті ғалынат үлін,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent and	the fappicable. (NOTE	Registers	d Agent signatu	e periupal e	rhen reinstating)		DATE	<u> </u>		
٠.		FILE NO	WIII	FEE IS \$5	50.00	_				· · ·	7
		Make Check Payable to Florida Departmen			artmen	t of State					
		Due	By M	ay 1, 2003	} 						_
9.	MANAGING MEMBERS	MANAGERS	10.				ADDITIO	ONS/CHANG			12
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NAME *Street Address	BOCA RATON FL	77135		ET ADDRESS		مسر دو			CO. Co. Co.		
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ____

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

2.16.03 561.394.0119

Daytime Phone i