01111 01	IN DOSINE	35 NEFUN		<u> </u>	_ ^		• • •	4
DOCUMENT # L0200009302 1. Entity Name					Secretary of State 05-02-2003 90585 041 ****50.00			
7800 N.W. 2ND AV	E., LLC							
Principal Place of Busines	s	Mailing Address]			
3550 BISCAYNE BLVD SUITE 400 MIAMI FL 33137		3550 BISCAYNE BLVD SUITE 400 MIAMI FL 33137						
· .								
2. Principal Place of Business		3. Mailing Address) I RODRIDH BIL DOND HIBH DEHL DOHL DOHL BOLL BELL BELL LIKK DOND HIBH 1001			
3550 Biscau Blod. Suite, Apt. #. etc.		3550 Biscuize Blod. Suite, Apt. #, etc.			TO USDA USDA IS SOURCE			
Suiter 402		Suite 402			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Nun			Applied For
Mami, FL			Fr		<u>02</u> .	0584458		ot Applicable
^{Zip} 33137 _	Country	^{Zip} 3313フ	Country	y	5. Certifica	ate of Status Desired	□ \$5.00 Ac	
	and Address of Current Re				7. Name a	nd Address of New Reg	istered Agent	
				Name	<u> </u>			
KERZNER, PAUL			-	Street Address (P.O. Box Number is Not Acceptable)				
20161 N.E. 16TH PLACE			<u>.</u>	9050		Blud		
MIAMI FL 33179				S. i.s.	-Z-40 ()			1
				Gity		•	Zip Coo	de (
8. The above named entity submits this statement for the purpose of changing its registered office or registered						noth in the State of Florid	la Lam familiar with	294
the obligations of regist		te pulpose or changing its	registered	rollice or registe	red agent, or t	Jour, in the state of Florid	ia. Tam Tamillar Willi	, and accept
SIGNATURE Signature, typed or printed namy of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE							>	
Signature, typed	or printed name of registered agent and	title if applicable. NOTE	: Registered A	gent signature require	d when reinstating)		DATE	
				EE IS \$50.00				
Make Check Payable			e to Flor	ida Departme	nt of State			
Due By May 1, 2003								
9.	MANAGING MEMBERS	MANAGERS	10.			ADDITIONS/CH	IANGES	
TITLE		☐ Delete	TITLE		mber	,	Change	Addition
	er, Andrew	٠ بعدد	NAME	(5 ~ -	texe, Ar	emhr Blog.	#407	
STREET ADDRESS 3550 BISCULLINE Block #4402 OITY:ST-ZIP		CITY-ST				ĺ		
IIITE D	11, EC 33137		_		ber	. 22/37	CT Change	Addition
NAME KESZ	er Paul	☐ Delete	TITLE NAMÉ	K. 52	Mas Da	\	☐ Change	Magailloit (
STREET ADDRESS 3550	Bisaugra Bl	solt. Do	STREET	ADDRESS 355	ocies o	entre Blod	50F#.	
					Jami FL 33137			
TITLE D.		Delete	TITLE		nber		Change	Addition
NAME welfer	el, Louis		NAME	meH	جودي ليره	ouis _		4
STREET ADDRESS 3550 Biscoure Blod. # 402			1		0 B15	carpe 13/10d	, # 402	}
1	1, FL 33137		CITY-ST			<u>L 33137</u>		
TITLE NAME:	11.	☐ Delete	TITLE	men Bari	nber Sincilla	Gazz	Change	Addition
NAME STREET ADDRESS	gallo, Greg		NAME STREET	ADDRESS 355	o Bran	, Grecy seupen Blod.	# 400	
CITY-ST-ZIP	-		CITY-ST	I		FL 33137		}
TITLE	<u> </u>	Delete	TITLE	——————————————————————————————————————	-1111	1-6 25141	☐ Change	Addition
NAME	•	— □ Delete	NAME				L., Change	

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 endowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: DELLEGIBLE DELLEGIBLE

Delete

Change

Addition

CR2E083 (10/02)