

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

<b>DOCUMENT #</b> L02000018587				<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="margin: 5px 0;">03 MAY -2 PM 12:20</div> <div style="margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
<b>1. Entity Name</b> EPIPHANY OF SOUTH MIAMI 602 A ENTERPRISES, LLC					
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>2. Principal Place of Business</b> 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134 Country USA		<b>3. Mailing Address</b> 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134 Country USA		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>4. FEI Number</b> APPLIED FOR				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>7. Name and Address of Current Registered Agent</b> Name JORGE GURIAN Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD SUITE 600 City CORAL GABLES FL Zip Code 33134	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <span style="float: right;"><small>DATE</small></span>					
<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		MGRM HERNANDEZ, JUAN FRANCISCO 2100 PONCE DE LEON BLVD. #600 CORAL GABLES, FL 33134		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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<b>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.</b>					
<b>SIGNATURE:</b> <b>JUAN FRANCISCO HERNANDEZ</b> <span style="float: right;">04/29/03 305-279-4101</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <span style="float: right;"><small>Date</small> <small>Daytime Phone #</small></span>					

CR2E083B (12/02)