2003 LIMITED LIABILITY COMPANY FILED May 05, 2003 8:00 am

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Solution			CORAL GASIE	3 FL.				Not Applicable
KOSS, A. ESO 782 NW 42 AVENUE, STE. 448 MIAMI FL 33126 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, i	Zip 33/3	4 usa	33/34	,			Fee Requ	
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City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Symatric, typed or private name of registered agent and size if epidicative (NOTE Progressed Agent syndrom required when reneating) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE NAME SIRET ADDRESS CITY-ST-2P TILE DIEBE DIEBE TILE CAPACISCO, VAFFER RAN SÃO DOMINJO SANIO BT-EA. HN H-STORY STATE DOMINJO SANIO BT-EA. HN H-STORY STATE ADDRESS CITY-ST-2P TILE DIEBE DIEBE DIEBE TILE CAPACISCO, VAFFER RAN SÃO DOMINJO SANIO BT-EA. HN H-STORY STATE ADDRESS CITY-ST-2P TILE DIEBE TILE DIEBE TILE CAPACISCO, VAFFER RAN SÃO DOMINJO SANIO BT-EA. HN H-STATE ADDRESS CITY-ST-2P TILE DIEBE TILE CAPACISCO, VAFFER STRET ADDRESS CITY-ST-2P TILE DIEBE TIL	782 NW 42 AVENUE, STE. 448				Street Address (P.O. Box Number is Not Acceptable)			
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11. I hereby certify that the information supplied with this filing does of fiquality 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. Execute this report as required by Chapter 608, Florida Statutes.	11. I hereby of indicated limited liab	certify that the information supplied with on this report is true and accurate and t billity company or the receiver or trustee	that my signature shall have the empowered the execute this re	ne same legal effe eport as required	ct as if made uno by Chapter 608.	9.07(3)(i), Florida Statutes. der oath; that I am a manag Horida Statutes.	I further certify that the ging member or mana	information ger of the
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