


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

DOCUMENT # L02000030878			
1. Entity Name <b>REFITE, LLC</b>			
Principal Place of Business 1000 BRICKELL AVE SUITE 450 MIAMI, FL 33131		Mailing Address 1000 BRICKELL AVE SUITE 450 MIAMI, FL 33131	
2. Principal Place of Business <b>3827 TURTLE RUN BLVD</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>2627</b>		Suite, Apt. #, etc.	
City & State <b>CORAL SPRINGS, FL</b>		City & State	
Zip <b>33067</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>01-0774737</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
KOLLER, MARIE M 1000 BRICKELL AVE SUITE 450 MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name <b>KOLLER, MARIE M</b>		Street Address (P.O. Box Number Is Not Acceptable) <b>3827 TURTLE RUN BLVD-2627</b>	
City <b>CORAL SPRINGS FL</b>		Zip Code <b>33067</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.			
SIGNATURE <i>[Signature]</i>		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 11, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLLER, MARIE M 1000 BRICKELL AVE SUITE 450 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FITTE, ENRIQUE 1000 BRICKELL AVE SUITE 450 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		DATE	

CFR0083 (10/02)