

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

FILED
May 18, 2006 8:00 am
Secretary of State

04-24-2006 90067 025 ****50.00

DOCUMENT # L05000120319
1. Entity Name
1 NORTH FIRST LW, LLC

DO NOT WRITE IN THIS SPACE

30008633

2. Principal Place of Business
9130 S. Dadeland Blvd
Suite, Apt. #, etc.
1129

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIA, FL

City & State

4. FEI Number
43-2095003

Applied For
Not Applicable

Zip
33156

Country
USA

Zip

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Carlos E. Casuso
Street Address (P.O. Box Number is Not Acceptable)
9130 S. Dadeland Blvd
Suite 1129
City
MIA FL Zip Code
33156

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.
SIGNATURE [Signature] DATE 4-18-06

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MEM ARIEL AJO 7975 Miami Lakes Drive, #250 MIAMI, FL 33014</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MEM CARLOS E. CASUSO 9130 S. Dadeland Blvd, # 1129 MIAMI, FL 33156</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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] DATE 4-18-06