2000 UNIFORM BUSINESS REPORT (UBR) L95000000844 DOCUMENT # 1. Entity Name FAR REACH, L.C.

APPROVED AND

-00 MAY -1 PM 2: 30

SECRETARY OF STATE

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e of Business		Mailin	g Address			1	11 1 64 60 1	17.	ପ୍ରତ୍ୟ		
4990 S. W. 72ND AVENUE SUITE 105 MIAMI FL 33155		SUITI	4990 S. W. 72ND AVENUE SUITE 105 MIAMI FL 33155-5524								
2. Principal Place of Business			3. Mailing Address							OLULI ELEL LUUI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number 65-0650538			Applied For Not Applicable		
Zip Country				try	5. Certificate of Status Desired			\$5.00 Additional			
6. Name and Address of Current R			egistered Agent								
onald G Ice de Leon B		·			Name Street Addres	-					
SUITE 301 CORAL GABLES FL 33146				City		 -	FL	Zip Cod	e		
named entity sub	mits this statement fo	or the purp	ose of changing it	ts registere	Led office or regis	tered agent, o	or both, in the State of				
Signature, typed or print	ad name of registered agent	and title if app	licable. (NC	TE: Registere	d Agent signature requ	ired when reinstation	ng)	DATE	·		
*,	· ·										
<u> </u>	MANAGING MEMB	ERS/MEN		10.			ADDITIO	DNS/CHANGES			
HAMILL, KENT 6901 GRANAD	a Boulevard		C Delete	NAM Stri	E ET Address		·		L_ Change	Addition	
HAMILL, MARY CAHTERINE M RESS 6901 GRANADA BOULEVARD STRE					EET ADDRESS	ger Service of the	4000/ -0: **	D3256 5/18/00 ****50.00	□ Change S		
MEM Detate TITLE MEAD, BUDGE NAME TABLES 3590 RACKERMAN RD.					ET ADDRESS				☐ Change	Addition	
10255 S.W. 55	AVE.		☐ Delete	MAM Stre	E ET Address				Change	Addition	
			□ Delete	NAM Stre	ET ADDRESS				Change	Addition	
	·		☐ Delete	TITL	<u> </u>				☐ Changa	Addition	
	PND AVENUE SS STATE OF BUSINESS #, etc. 6. Name and ONALD G ICE DE LEON B I ABLES FL 3314 named entity substitute of printe Signature, typed or printe MGR HAMILL, KENT 6901 GRANAD CORAL GABLE MEM HAMILL, MARY 6901 GRANAD CORAL GABLE MEM MEAD, BUDGE 3590 RACKERI CORAL GABLE MRM MEAD, D. RICH 10255 S.W. 55	CORAL GABLES FL 33146 MEM MEM MEM MEM MEAD, BUDGE MICCE OF Business COUNTRY COUNT	ASSOCIATION AND AND AND AND AND AND AND AND AND AN	ASSO S. W. 72ND AVEN SUITE 105 MIAMI FL 33155-5524 lace of Business #, etc. Country Coun	ASSOCIATION AVENUE SUITE 105 MIAMI FL 33155-5524 Idace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Country City & State Country Make Check Payable t Make Check Payable t Make Check Payable t Tittu Make Check Payable t	AND AVENUE 4990 S. W. 72ND AVENUE SUITE 105 MIAMI FL 33155-5524 Suite 105 MIAMI FL 33155-5524 Suite, Apt. #, etc. City & State Country City Name Street Addres City ABLES FL 33146 City The Purpose of changing its registered office or regis Signature, typed or proted name of registered agent and tite if applicable. FILE NOW!!! FEE IS \$50.0 Make Check Payable to Department MANAGING MEMBERS/MEMBERS MANAGING MEMBERS/MEMBERS TITLE MAME STREET ADDRESS CITY ST-ZIP TITLE MAME MEM MEM MEM MANAGING MEMBERS H. 33146 MEM MEM MANAGING MEMBERS H. 33146 MEM MEM MANAGING MEMBERS H. 33146 MEM MEM MEM MEM MEM MEM MEN MEM MEN MEN	AND AVENUE SUITE 105 MIAMI FL 33155-5524 South Control Street Address South Control Street Address South Control Street Address Stree	ASS S. W. 72ND AVENUE SUITE 105 MIAMI FL 33155-5524 4. FEI Number 65-0650	No AVENUE SUITE 105 SS MAIN FL 331555524 # 650 S W. 72ND AVENUE SUITE 105 SS MAIN FL 331555524 # 650 C Businoss 1. Mailling Actdress DO NOT WRITE IN THIS S Country	AND AVENUE 4990 S. W. 72ND AVENUE SURTE 10S MANN F. 3155-5524 Size of Dusinoss 3. Mailing Address 6. City 4. State City 4. State City 4. State Country Zip Country Size Country Size of Dusinoss A. FEI Number 65-0650538 A. FEI	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER