

2000 UNIFORM BUSINESS REPORT (UBR)

0003978 AF

DOCUMENT # **L99000005054**

1. Entity Name
LARIAN, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -9 AM 11:32

Principal Place of Business

Mailing Address

10800 S.W. 53RD AVENUE
MIAMI FL 33153

10800 S.W. 53RD AVENUE
MIAMI FL 33156-4208



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10800 Lakeside Drive

10800 Lakeside Drive

City & State

City & State

Coral Gables, FLA

Coral Gables, FLA

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-0940152

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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
MGR	SCHENKMAN, JOEL	10800 S.W. 53RD AVENUE	MIAMI FL 33153	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	SCHENKMAN, RANDY	10800 S.W. 53RD AVENUE	MIAMI FL 33153	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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*****50.00 *****50.00

MJ 2/16/00

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: *Joel Schenkman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-4-2000 305-598-7777

Date

Daytime Phone #

CR2E083 (9/99)