900200.00001/50190745v1

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROYEE -AND FILED

DOCUMENT # 199 2000 C-404

02 APR 25 AM Q: 01

Daytime Phone #

1. Entity Name - 1 1 00 000 6 40 9					UZ APR ZD API 9: 01	
Barrow and Beber Silverstein, L.L.C.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	DO NOT WRITE	IN THIS S	PAC	E		
2. Principal Place of Business 3361 S.W. 3 rd Avenue Suite, Apt. #, etc. 3. Mailing Address 3361 S.W. 3 Suite, Apt. #, etc.				PMIIO		
				inde	DO NOT WRITE IN THIS SPACE	
City & State Miami, FL Zip Country		City & State Miami, FL			4. FEI Number 59-1401652	Applied For Not Applicable
	33145 Country USA	Zip 33145	Coun	USA	5. Certificate of Status Desired	\$5.00 Additional
is directorial Se se di resid			7. Name and Address of Current Registered Agent Name Ivor J. Bamberger			
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable) 3361 S.W. 3 rd Avenue		
	a nego participa colonia della se appropriate di Reseau 2018 e Carlo della della sensa di Salesta di Salesta di Salesta di Salesta di Salesta di Salesta di Sal	entre Octobers (1997) Substitute and Substitute		City Miami	FI	Zin Code 33145
8. The abov	e named entity submits this statement for	the purpose of changing its	registere	d office or registere	ed agent, or both, in the State of Florida.	55145
SIGNATURE	· •					
	Signature, typed or printed name of registered agent ar		ر در المعالم		DATE	
		Make Greek R	neiem Sobject See See S	legal tenior	9000 054 3 -05/02/02-	01039018
9.	MANAGING MEMBER		WEID !		*****50.0	0 *****58.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Beber, Silverstein & Partners 3361 S.W. 3rd Avenue Miami, FL 33145		TITLE NAME STREET CITY-S	ADDRESS:		
TITLE Name Street address City-St-Zip			TITLE NAME STREET CIPY ST	ADDRESS:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET / CITY-ST	ADDRESS 1944	DO NOT WRIT	
ITLE MAME TREET ADDRESS ITY-ST-ZIP			TITLE INAME STREET A CITY ST	DDRESS	IN THIS SPAC	
TLE AME TREET ADORESS TY-ST-ZIP			TITLE NAME STREET A CITY ST			
TLE AME REET ADDRESS TY-ST-ZIP			NAME STREET AL	DOPESS 1		
I. I hereby ce indicated o (imited fiab)	ortify that the information supplied with this on this report is true and accurate and that illity company or the receiver or trustee en	filing does not qualify for the timy signature shall have the apowered to execute this rep	e exempt	on stated in Section	n 119.07(3)(i), Florida Statutes, I further certify e under oath; that I am a managing member o 08, Florida Statutes.	that the information or manager of the