

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

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

06-10-2002 90119 029 \*\*\*\*55.00

DOCUMENT # L 0000000 5662  
1. Entity Name  
THE COMPANY, L.L.C.

**DO NOT WRITE IN THIS SPACE**

968816

2. Principal Place of Business  
3000 Island wld.  
Suite, Apt. #, etc.  
240S

3. Mailing Address  
P.O. Box 330589  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
AVENTURA FL  
Zip  
FL 33160  
Country  
USA

City & State  
MIAMI FL  
Zip  
33133  
Country  
USA

4. FEI Number  
65-1010157  
Applied For  
Not Applicable  
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  
HKE & F Registered Agent Corp.  
Street Address (P.O. Box Number is Not Acceptable)  
2601 S. Bayshore # 600  
City  
MIAMI FL Zip Code  
33133

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	P. BIJAOU, CYRIL 2929 S.W. 30th COURT MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ Date: 6/5/02 (786) 3263774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/01)