


FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90002 001 ***150.00

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

DOCUMENT # L02000024149
 1. Entity Name
 THE PENTHOUSE, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1100 WEST AVE #307 CENTER BLDG		3. Mailing Address 1100 WEST AVE #307 CENTER BLDG	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1521 Alton Rd # 112	
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL	
Zip 33139	Country USA	Zip 33139	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2059342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

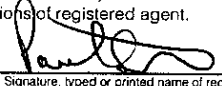
7. Name and Address of Current Registered Agent

Name
A1A REGISTERED AGENT, INC.

Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2ND AVENUE SUITE 1036

City MIAMI FL Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  PAUL SMITH, Vice President DATE 02-21-03

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

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDH, ANNA E 1100 WEST AVE #307 CENTER BLDG MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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:  ANNA E GORDH, MGRM Date 2-10-03 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE