


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90023 018 ****50.00

DOCUMENT # L00000005662

1. Entity Name
THE COMPANY, L.L.C.



Principal Place of Business
3000 ISLAND RD
2405
MIAMI, FL 33160

Mailing Address
PO BOX 330589
MIAMI, FL 33133

30052413



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3000 Island DLVD
Suite, Apt. #, etc.
2405

3. Mailing Address
Suite, Apt. #, etc.

City & State
AVENTURA, FL

City & State

Zip
FL 33160 Country
USA

Zip Country

4. FEI Number
65-1010157

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
HKE&F REGISTERED AGENT-CORP.
2601 S. BAYSHORE DRIVE, SUITE 600
MIAMI, FL 33133

7. Name and Address of New Registered Agent
Name
VALDES-PAULI Corporate Services
Street Address (P.O. Box Number is Not Acceptable)
One Biscayne Tower - Suite 3400
2 South Biscayne Blvd
City
MIAMI FL Zip Code
33131

B. 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 *Althuis Juma Dredn* DATE 4/8/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

FILE NOW!!! FEE IS \$60.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/ MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	BIJAOU, CYRIL	STREET ADDRESS	
CITY-ST-ZIP	2929 SW 30TH CT	CITY-ST-ZIP	
	MIAMI, FL 33133		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 606, Florida Statutes.

SIGNATURE: *Cyril Bijaoui, Managing Director* DATE: 4/8/03 OFFICE PHONE: 305-798-5193

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

CR2E083 (10/02)