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

## DOCUMENT # L0000007296 1. Entity Name EXPONENTIAL

GROWTH PARTNERS, L.L.C.



## **FILED** Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90030 001 \*\*\*\*50.00

48 EAST FLAGLER STREET. SUITE PH-104 MIAMI FL 33131  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired Fee Req  6. Name and Address of Current Registered Agent  MARBIN, EVAN R ESQUIRE EVAN R. MARBIN & ASSOCIATES, P.A. 48 EAST FLAGLER STREET, SUITE PH-104 MIAMI FL 33131  City  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 withe obligations of registered agent.  SIGNATURE  MARBIN, EVAN R ESQUIRE EVAN R. MARBIN & ASSOCIATES, P.A. 48 EAST FLAGLER STREET, SUITE PH-104 MIAMI FL 33131  City  FL  Zip  ABDITIONS/CHANGES  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	S Applied For Not Applicable
## EAST FLAGLER STREET, SUITE PH-104 MIAMI FL 33131  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  MARBIN, EVAN R ESQUIRE  EVAN R. MARBIN & ASSOCIATES, P.A.  48 EAST FLAGLER STREET, SUITE PH-104  MIAMI FL 33131  City  FL  Zip  City  FL	S Applied For Not Applicable
Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANCE  City & State   Country   S. Certificate of Status Desired   \$5.00   Fee Req  8. Name and Address of Current Registered Agent   Name  MARBIN, EVAN R ESQUIRE  EVAN R. MARBIN & ASSOCIATES, P.A. 48 EAST FLAGLER STREET, SUITE PH-104  MIAMI FL 33131   City   FL   Zip C  City   FL   Zip C  City   FL   Zip C  Signature, lypad or printed name of registered agent and the if applicable   (NOTE: Registered Agent signature required when retristaing)   DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9.   MANAGING MEMBERS/MANAGERS   10.   ADDITIONS/CHANGES    TITLE   MGRM   ChanGES   City-St-Zip    TINSKY, LORRAINE   Chan   MINSKY, LORRAINE   Chan   MAME    SIRRET ADDRESS   CITy-St-Zip    AVENTURA FL 33160	S Applied For Not Applicable
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Solution  Solution  Country  Solution  Solution  Solution  Solution  City  FL  City	Applied For Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Fee Req  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  MARBIN, EVAN R ESQUIRE EVAN R. MARBIN & ASSOCIATES, P.A. 48 EAST FLAGLER STREET, SUITE PH-104 MIAMI FL 33131  City FL Zip C  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 explications of registered agent and the it applicable  FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRM Delete TIME NAME STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33160	Not Applicable
6. Name and Address of Current Registered Agent  MARBIN, EVAN R ESQUIRE EVAN R. MARBIN & ASSOCIATES, P.A. 48 EAST FLAGLER STREET, SUITE PH-104 MIAMI FL 33131  City  FL  Zip C  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. Lam familiar we the obligations of registered agent and title if applicable  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE  MMRW TINSKY, LORRAINE  GRAM TINSKY, LORRAINE  STREET ADDRESS CITY-ST-ZIP  AVENTURA FL 33160  TO AMBRIT STATUS AGENTS  TITLE NAME STREET ADDRESS CITY-ST-ZIP  AVENTURA FL 33160	<del></del>
MARBIN, EVAN R ESQUIRE EVAN R. MARBIN & ASSOCIATES, P.A.  48 EAST FLAGLER STREET, SUITE PH-104 MIAMI FL 33131  City  FL  Zip C  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 we the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)    Make Check Payable to Florida Department of State   Due By May 1, 2003    MANAGING MEMBERS/MANAGERS   10.   ADDITIONS/CHANGES   Changes   Changes   Changes   Changes   Changes   Changes   City-St-Zip   Changes   City-St-Zip	
MARBIN, EVAN R ESQUIRE EVAN R. MARBIN & ASSOCIATES, P.A. 48 EAST FLAGLER STREET, SUITE PH-104 MIAMI FL 33131  City  City  FL  Zip C  City  FL	
EVAN R. MARBIN & ASSOCIATES, P.A.  48 EAST FLAGLER STREET, SUITE PH-104  MIAMI FL 33131  City  City  FL  Zip C  City  FL  ADDITIONS/CHANGES  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  AVENTURA FL 33160  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip C  City  FL  Zip C  City  FL  Cit	
### City ### Zip C  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 we the obligations of registered agent.    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 Florida Department of State   Due By May 1, 2003     TITLE   NAME   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   AVENTURA FL 33160   CITY-ST-ZIP     City   FL   Zip City   Zip City	
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Due By May 1, 2003	
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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: AND TYPED OR PRINTED NAME OF SIGNING MANAGIN

MANAGER, OR AUTHORIZED REPRESENTATIVE

2/28/03 Date

(305) 371-2248 Daytime Phone #