2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000009028

1. Entity Name

PADC MARKETING LLC

Principal Place of Business	Mailing Address
100 S.E. 2ND ST., STE. 4650 MIAMI FL 33131	100 S.E. 2ND ST., STE. 4650 MIAMI FL 33131

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address	
550 BILTMORE WAY	550 BILTMORE WAY	
Suite, Apt. #, etc. Suite 970	Suite, Apt. #, etc. Suite 970	
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL	**4. FEI Number** 01-0663732 ☐ Applied For ☐ Not Applicable
Zip 33134 Country MIAMI-DADE	Zip 3334 Country MIAMI-DADE	**5. Certificate of Status Desired** ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REGISTERED AGENTS OF FLORIDA, LLC 100 S.E. 2ND ST., STE. 3500 MIAMI FL 33131	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City _____ FL ____ Zip Code

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 _____

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R.D. PEEBLES 550 BILTMORE WAY, Suite 970 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: _SIGNATURE REQUIRED_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #