FILED
Sep 10, 2003 8:00 am
Secretary of State
09-10-2003 90038 017 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008385

1. Entity Name
123, L.L.C.

90155213

Principal Place of Business	Mailing Address
600 BOUL. DE MAISONNEUVE OUEST BUREAU 2600 MONTREAL, QUEBEC CANADA, H3A -3J2	600 BOUL. DE MAISONNEUVE OUEST BUREAU 2600 MONTREAL, QUEBEC CANADA, H3A -3J2

2. Principal Place of Business	3. Mailing Address
(same as #3)	c/o William Pencer 600 Boul De Maisonneuve Oest
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 2600
City & State	City & State Montreal, Quebec
Zip / Country	Zip H3A-3J2 / Country Canada

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 98-0369554 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, ALAN W ESQ
1110 BRICKELL AVENUE, 7TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name N/A
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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Manager William Pencer 600 Boul De Maisonneuve Oest Suite 2600 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Montreal, Quebec H3A-3J2, Canada ☐ 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
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: Alan W. Levine, Esq., Authorized Rep. (305) 372-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date 8/20/03 — Daytime Phone #

Attachment

90155213

L02000008385

LEVINE & PARTNERS, P.A.
ATTORNEYS AT LAW

Mireya P. Koger, Paralegal

1110 BRICKELL AVENUE, 7th FLOOR
MIAMI, FLORIDA 33131

TELEPHONE: (305) 372-1350
FACSIMILE: (305) 372-1352
E-MAIL: mpk@levinelawfirm.com

August 20, 2003

Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Attention: UBR Filings

Re: 2003 Limited Liability Company Uniform Business Report
Name of Entity: 123, L.L.C.

Gentlemen/Ladies:

Please find enclosed the 2003 UBR for the above referenced entity, together with our check in the amount of $55.00 to cover the cost of filing and obtaining a Certificate of Status. Please forward the Certificate of Status to the Registered Agent in the self-addressed, stamped envelope enclosed herewith for your convenience. Thank you

Sincerely,

Mireya Koger

Mireya Koger,
Paralegal

Enclosures

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