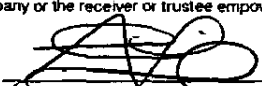


FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90038 017 *****55.00

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

DOCUMENT # L02000008385			
1. Entity Name 123, L.L.C.			
Principal Place of Business 600 BOUL DE MAISONNEUVE OUEST BUREAU 2600 MONTREAL, QUEBEC CANADA, H3A -3J2		Mailing Address 600 BOUL DE MAISONNEUVE OUEST BUREAU 2600 MONTREAL, QUEBEC CANADA, H3A -3J2	
2. Principal Place of Business (same as #3)		3. Mailing Address/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	Country
H3A-3J2	Canada	H3A-3J2	Canada
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when withdrawing) DATE _____			
 Make Check Payment to: FLS Department of State P.O. Box 12000 Tallahassee, FL 32304			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager William Pencer 600 Boul De Maisonneuve Oest Suite 2600 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 60B, Florida Statutes.			
SIGNATURE: 		(305) 372-1350	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 8/20/03 Daytime Phone #	

90155213



☐ CHECK HERE IF MAKING CHANGES

CR20083 (10/02)

Attachment

90155213
L02000008385

LEVINE & PARTNERS, P.A.
ATTORNEYS AT LAW

1110 BRICKELL AVENUE, 7th FLOOR
MIAMI, FLORIDA 33131

Mireya P. Koger, Paralegal

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