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

Mailing Address

3905 ALTON ROAD

3. Mailing Address

City & State

Suite, Apt. #, etc.

MIAMI BEACH FL 33140

DOCUMENT # L0000000082

Country

3905 ALTON ROAD

MIAMI BEACH FL 33140

Suite, Apt. #, etc.

City & State

Zip

9.

Principal Place of Business

2. Principal Place of Business

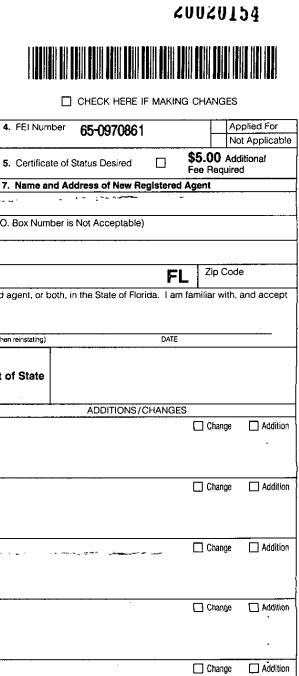
820, L.L.C.



Country

FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90062 047 ****50.00



7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **ROSSZ FIU CORPORATION** Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD., 20TH FLOOR **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 with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. 3R2E083 (10/02) MGR ☐ Delete TITLE JACOBSON, ALAN W STREET ADDRESS STREET ADDRESS 3905 ALTON ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 recoins or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

UNL SIGNATURE:

Daytime Phone #