

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91003 045 \*\*\*\*50.00

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000817  
 1. Entity Name: MAYOLIN L L C

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5757 COLLINS AVENUE State, Apt. #, etc. 803 City & State MIAMI BEACH FL Zip 33140		3. Mailing Address 5757 COLLINS AVENUE State, Apt. #, etc. 803 City & State MIAMI BEACH FL Zip 33140	
Country: U S A		Country: U S A	

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0976627 Applied For:  Not Applicable

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RAMON MANZANO  
 Street Address (if Box Number is Not Applicable): 5757 COLLINS AVE # 803  
 City: MIAMI BEACH FL Zip Code: 33140

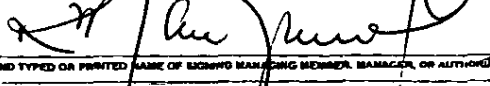
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_

FEE IS \$50.00  
 Make Check Payable to Department of State  
 DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER MANAGER RAMON MANZANO 5757 COLLINS AVENUE # 803 MIAMI BEACH FL 33140	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  04-15-03 305-857-9708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/01)