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

## DOCUMENT # I AAAAAAAAA



## FILED Mar 13, 2003 8:00 am Secretary of State

Zip Country Spanner and Address of Current Registered Agent 7. Name and Address of New Registered Agent  DAVID TORCHIN, C.P.A. 8211 WEST BROWARD BLVD., SUITE 200 PLANTATION FL 33324-2728  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 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)  PATE  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	1. Entity Name STUDIO X #3, L.L.C.						03-13-2003 90003 004 ****50.00				
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City & State  Ci	2. Principal I	Place of Business	3. Mailing Address								
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S. Certificate of Status Desired   \$9.0 U Additional   \$9.0 U Addi			_ City_&_State				4FEI.Number65-0980698 Applied For Not Applicable				÷
DAVID TORCHIN, C.P.A. 8211 WEST BROWARD BLVD., SUITE 200   Street Address (PO. Box Number is Not Acceptable)	Zip	ip Country Zip		Country							
DAND TORCHIN, C.P.A 8211 WEST BROWARD BLVD., SUITE 200 PLANTATION FL 3324-2726  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL State of Ficial. I am familiar with, and accept the obligations of registered agent, or both in the State of Ficial. I am familiar with, and accept the obligations of registered agent, or both in the State of Ficial. I am familiar with, and accept the obligations of registered agent, or both in the State of Ficial. I am familiar with, and accept the obligations of registered agent, or both in the State of Ficial. I am familiar with, and accept the obligations of registered agent, or both in the State of Ficial. I am familiar with, and accept the obligations of registered agent, or both in the State of Ficial. I am familiar with, and accept the obligations of registered agent, or both in the State of Ficial. I am familiar with, and accept the obligations of registered agent, or both in the State of Ficial. I am familiar with, and accept the obligations of registered agent, or both in the State of Ficial. I am familiar with, and accept the obligations of registered agent, or both in the State of Ficial. I am familiar with, and accept the obligations of registered agent, or both in the State of Ficial. I am familiar with, and accept the obligations of registered agent, or both in the State of Ficial. I am familiar with, and accept the obligations of registered agent, or both in the State of Ficial. I am familiar with, and accept the obligations of registered agent, or both in the State of Ficial. I am familiar with, and accept the obligation of registered agent, or both in the State of Ficial. I am familiar with, and accept the familiar with, and accept the familiar with, and accept the familiar with		6. Name and Address of Curr	ent Registered Agent				7. Name a	nd Address of New Regist	ered Agent		]
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hoese or prised name of registered agent and their if applicable.  NOTE Registered Agent in prise in registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the supplementations of registered agent, or both, in the State of Florida. I am familiar with, and accept the supplementations of registered agent, or both, in the State of Florida Department of State State.   SIGNATURE  MGR  LABOCK, ARNON 2728 MW 183 rd. 51.  CAROL CITY FL 33056  OFFY-51-2P  TILE  NAME SIRET ADDRESS OFFY-51-2P  TILE  NA				•	City				FI Zip Cod	de	$\frac{1}{2}$
FILE NOW!! FEE IS \$50.00  Make Check Payable to Fibrida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE LABOCK, ARNON 270 and 183 rd. ST. CHANGE STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS C	8. The above the obligat	named entity submits this statementions of registered agent.	nt for the purpose of changing its	registere	ed office o	r registere	d agent, or t	poth, in the State of Florida.		and accept	1
FILE NOW!! FEE IS \$50.00  Make Check Payable to Fibrida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE LABOCK, ARNON 270 and 183 rd. ST. CHANGE STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS C	SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOT	E: Registered	J Agent signa	ture required w	when reinstating)		DATE		
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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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AUTHORIZED REPRESENTATIVE