

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUN -6 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002002
1. Entity Name
 15850 NW 27 Avenue LLC

Principal Place of Business **Mailing Address**

2. Principal Place of Business
 15850 NW 27 Ave
 Suite, Apt. #, etc.

3. Mailing Address
 4801 South University Dr
 Suite, Apt. #, etc.
 Suite 227

DO NOT WRITE IN THIS SPACE

City & State
 Miami, FL

City & State
 Davie, FL

4. FEI Number
 65-0990157

Accred For
 Not Applicable

Zip 33054 **Country**

Zip 33328 **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

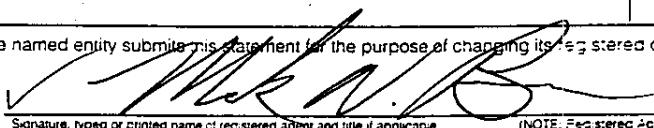
Name
 Mark Brown

Street Address (P.O. Box Number is Not Acceptable)
 4801 South University Dr

Suite
 Suite 227

City Davie, **FL** **Zip Code** 33328

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  **DATE** 6.27.01

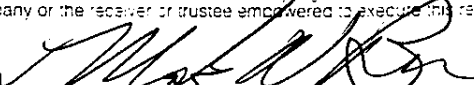
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

700004423207--5
 -06/15/01--01095--022
 *****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		CEO/D Mark Brown 2752 SW 132nd Way Davie, FL 33330	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		PRES/D Kevin McKenna 1061 E. Wilshire Circle Pembroke Pines, FL 33027	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE:  **DATE:** 6.28.01

(954) 252-5551