

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUN -6 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002006

1. Entity Name

930 West 41 Street LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

930 West 41 St

3. Mailing Address

4801 South University Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 227

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Davie, FL

4. FEI Number

65-0990162

Applied For

Not Applicable

Zip

33140

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 Accepted)

4801 South University Dr

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

Signature, typed or printed name of registered agent and title if applicable

(ADPE Registered Agent signature required when reinstating)

300004423198--5

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

-06/15/01--01095--019

*****50.00 *****50.00

9. MANAGING MEMBERS, MEMBERS

10. ADDITIONS/CHANGES

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

Mark Brown

4/27/01

(054)252 5551

CR2ENR3711001