LIMITED LIABILITY COMPANY 2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2002 8:00 am Secretary of State

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DOCUMENT # L00000002006				04-02-2002 90958 015 ****50.00		
1. Entity Name						
930 West 41 Street LLC						
300 Mest 41 Street TTC						
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DO NOT WRITE IN THIS SPACE						
				The Action of the Control of the Con		
2. Principal Place of Business 3. Mailing Address 930 West 41 St 4801 South		Universi+	Dr.			
		4801 South University Dr Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc. Suite 227		Suite 227		DO NOT WRITE IN THIS SPACE		
		City & State		4. FEI Number Applied For		
Miami Beach, FL Da		Davie, FL		65-0990162 Not Applicable		
Zip	Country	^{Zip} 33328	Country	5. Certificate of Status Desired \$5.00 Additional		
33140)	33328	Supplies and the supplies are supplies and the supplies and the supplies and the supplies and the supplies are supplies and the supplies and the supplies are supplies are supplies and the supplies are supplies and the supplies are supplies and the supplies are supplies are supplies and the supplies are supplies are supplies and the supplies are supplies a	Fee Required		
			Name	7. Name and Address of Current Registered Agent		
DO NOT WRITE IN THIS SPACE			Mark Brown			
			// Street /	Street Address (P.O. Box Number is Not Acceptable) 4801 South University Dr		
				2007 9720		
ar Jan 1				Suite 227		
			City	Davie, FL Zip Code 33328		
8 The shove	a named antity submits this statement for	the purpose of changing its	registered office o	or registered agent; or both, in the State of Florida.		
· · · · ·	Thanked entity addition this attachment for	the purpose of changing its	registered billed b	A registered agent, or boat, in the state of Florida.		
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable.						
FEE/IS \$50:00 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
	•	Make Check Pa	yable to Depart	tment of State		
	•	D Company	UE BY MAY 1			
9.	MANAGING MEMBER	S/MANAGERS	STEET HER			
TITLE	GEO/D_		்ராட் இது ஆ			
NAME	Mark Brown		NAME :			
- STREET ADDRESS -	2752 SW 132nd Way	*	STREET ADDRESS	9.1		
CITY-ST-ZIP	Davie, FL 33330		CITY-ST-2IP	CR2E083B		
TITLE	PRES/D Kevin McKenna		TITLE 12 / 2 / 2	$\frac{1}{2}$		
NAME Street address	1000		STREET ADDRESS			
CITY+ST+ZiP	Pembroke Pines, F1		CITY-ST-ZIP			
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NAME			NAME *			
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	Eertify that the information supplied with t	his filing does not qualify for	A Francis de Car	ted in Section 119.07(3)(i) Florida Statutes further certify that the information		
11. I hereby certify that the information supplied with this filling 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 peoptrals required by Chapter 608. Florida Statutes.						