2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000002974						N' Tha fall	Markey (*	• .		
S. GIMBEL LLC							ILED			
Principal Place	ce of Business			OI JUL	-6 PM	4: 70				
10155 COLLI	NS AVENUE. PENTHOUSE 7	Mailing Address 10155 COLLINS AVENUE. PENTHOUSE 7				SEGRETARY OF STATE TACUAHASSEE, FUORIDA				
BAL HARBOI	UR FL 33154	4			FALEARA	razee, ei	EURIDA			
2. Principal F	Place of Business									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.								
City & Star	de	City & State			4. FEI	4. FEI Number Applied For				
Zip	Country	Zip Country			65	65-1095252 Not Applicable				
	مساحدات أعمادات أحماريني	منها فتتعال والأراري لخال				tificate of Status Desire		Fee Require	ditionaled	
	6. Name and Address of Current F		Name	7. Nan	ne and Address of Ne	w Registered	i Agent		-	
GIMBEL, SIDNEY				Street Address (P.O. Box Number is Not Acceptable)						
10155 COLLINS AVE, PH-7 BAL HARBOUR FL 33154										+
				City			F	Zip Cod	le .	1
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 ar	d title if applicable (NO)	F: Rogistare/	d Agent signatu	to required when reject	tino)	DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature FILE NOW!!! FEE IS \$50						70000	448	1587	9	+
Make Check				o Departn	nent of State	-07/	/17/01 ***50.00	-01096	015	, =
9.	MANAGING MEMBER		y Septer	nber 26, 2	2001		J			
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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)(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.										
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Design Phone #										