


Amended
**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

0012873

DOCUMENT # **L00000003629**

1. Entity Name
ARIA LOFTS, LLC



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 NOV -7 PM 1:21

Principal Place of Business Mailing Address

**5046 BISCAYNE BLVD.
 MIAMI FL 33137**

**445 GRAND BAY DR.
 705
 KEY BISCAYNE FL 33149**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **1827 SUNSET HARBOUR DR**
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State

Miami Beach FL

4. FEI Number **65-0999280** Applied For
 Not Applicable

Zip Country Zip Country

33139 Dade

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

6. Name and Address of Current Registered Agent

**HERNANDEZ, JOSEPH M ESQ.
 1221 BRICKELL AVE.
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **JEFF MORR**

Street Address (P.O.-Box Number is Not Acceptable)
1827 SUNSET HARBOUR DRIVE

City **MIAMI BEACH** FL Zip Code **33139**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *[Signature]* **Jeff Morr, President** DATE **9/23/03**

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARULANDA, NORA HELENA 445 GRAND BAY DR., UNIT 705 KEY BISCAYNE FL 33149 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JEFF MORR 1827 SUNSET HARBOUR DR MIAMI BEACH FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jeremy Green 1827 SUNSET HARBOUR DR MIAMI BEACH FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President FABSEN JRAMONET 5046 BISCAYNE BLVD MIAMI FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM URBANA Development 5046 BISCAYNE BLVD MIAMI FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6000234041 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/29/03--01092--009 **\$50.00

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: *[Signature]* **Jeff Morr** DATE **9/23/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CFR2E083 (4/03)