2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

/ UI	4IFORM BUSINI	ESS REPOR	T (UBR)	1	•				
DOCU 1. Entity Nan ARIA LOFT		03629``			DIVISION	FILED ETARY OF ST FOF CORPOR V -7 PM I	ATIONS		
Principal Plac	ce of Business	Mailing Address							
5046 BISCAYNE BLVD.		445 GRAND BAY DR.							
MIAMI FL 33137		705							
		KEY BISCAYNE FL 33149			 	BOLLI BOLLI BOLLI BOLLI BA		IAIR IAII IAAI	
2. Principal Place of Business		3. Mailing Address 1827 SUNSET HARbaia		rbain,					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Æ	CHECK HERE IF	MAKING CHANGES	s	
City & State		City & State Miami Beach FL			4. FEI Number	65-0999280		Applied For	
Zip	Country	Zip Zip	Country	<u> </u>		*	¢5.00 .	Not Applicable	
	- Country	33:139	DA 9	e .	5. Certificate of	Status Desired	□ \$5.00 Ad Fee Requir		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LEDI	NANDEZ INGEDU M EGO		Name	Name JEFF MORR					
HERNANDEZ, JOSEPH M ESQ. 1221 BRICKELL AVE				-Street Address (P.O-Box Number is Not Acceptable)					
MIAMI FL 33131				Sileet Address (F.O-Box Noniber is Not Acceptable)					
1715 00	/ 2 00 10 1		182	7 Su	UNSET HARBOUR DRIVE				
				City MIANT BEACH FL Zip Code 33131					
8. The above	named entity submits this statement for	r the purpose of changing its				in the State of Flori	The state of the s		
the obligat	ions of registered agent	1.00	04	_			21	1_	
SIGNATURE) Jett	Morr	Pac	sident.		4/93/	63	
	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered Agent signa	dure required	when reinstating)		DATE		
		Make Check Payabi	DW!!! FEE IS \$ e to Florida De September 24,	partmen	nt of State				
9.	MANAGING MEMBE				<u></u>	ADDITIONS (C	NIANOEC .		
TITLE	MGRM		10.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/C			
NAME	MARULANDA, NORA HELENA	Delete	TITLE NAME	1.7	. ~	e e e e e e e e e e e e e e e e e e e	Change	Addition	
STREET ADDRESS	445 GRAND BAY DR., UNIT 705		STREET ADDRESS	素			7 4 6		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP		•	•			
TITLE		☐ Delete	TITLE 0	Daes	sident		☐ Change	Addition	
NAME		Detete			- MOR	a	Change	Addition	
STREET ADDRESS			STREET ADDRESS	183	SUBJE	T HANDON	in Dai		
CITY-ST-ZIP								,	
TITLE		Delete	TITLE 1 ==	Vice	Presid	h FC Lews	☐ Change	Addition	
NAME			NAME	Je6	zemy (Freen 1 HAbo			
STREET ADDRESS			STREET ADDRESS	1897	, sunse	1 HADO	こうのう		
CITY-ST-ZIP			CITY-ST-ZIP	MIAA	ni BeA	oh FL	33139		
TITLE		☐ Delete	TITLE /	Vice	Prosi	dent la morte	☐ Change	⊊ ⊅.ddition	
NAME			NAME	FAGS	ien th	la moste	J _	, i	
STREET ADDRESS			STREET ADDRESS	504	6 B150	sayue B	.603		
CITY-ST-ZIP	*		CiTY-ST-ZIP	MIR	mi FC	2 831	37		
TITLE		☐ Delete	TITLE	MGIZ	\mathcal{M}	Developm	☐ Change	Addition	
NAME			NAME	UR (TANY 7	verelopm	ient	•	
STREET ADDRESS			STREET ADDRESS			adus (
CITY-ST-ZIP	TO THE PARTY OF TH		CITY-ST-ZIP	MID	Mi Je	<u>3,3.</u>	103 **50.00		
TITLE		☐ Delete	TITLE	Ī	09/29/03		The Change	☐ Addition	
NAME OZDEET LODDEGO			NAME		our car ga	, 01095 <u>"</u> ľ			
STREET ADDRESS	•		STREET ADDRESS	I				ł	

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 eath; 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.

CITY-ST-ZIP

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

CITY-ST-ZiP

9/93/03 Date

Daytime Phone #

R2E083 (4/03