

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

FILED
Jun 10, 2002 8:00 am
Secretary of State

06-10-2002 90119 029 ****55.00

DOCUMENT # L 0000000 5662
1. Entity Name
THE COMPANY, L.L.C.

DO NOT WRITE IN THIS SPACE

968816

2. Principal Place of Business
3000 Island wld.
Suite, Apt. #, etc.
240S

3. Mailing Address
P.O. Box 330589
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
AVENTURA FL
Zip
FL 33160
Country
USA

City & State
MIAMI FL
Zip
33133
Country
USA

4. FEI Number
65-1010157
Applied For
Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HKE & F Registered Agent Corp.
Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore # 600
City
MIAMI FL Zip Code
33133

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. BIJAOU, CYRIL 2929 S.W. 30th COURT MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: _____ Date: 6/5/02 (786) 3263774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/01)