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

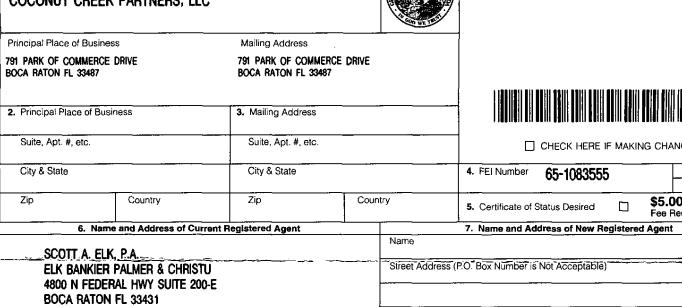
DOCUMENT # L0000005742

1. Entity Name

| C | 0 | C | 0 | N | U | T | C | R | EE | Κ | P | 'ΑΙ | ₹Τ | N | E | R٤ | ς, | LL | C | , |
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STREET ADDRESS

CITY-ST-ZIP



STREET ADDRESS CITY-ST-ZIP

FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90078 035 ****50.00

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|--|---|----------------------------|--|--|---|-------------------------------|--|--|--|--|--|
| 2. Principal P | lace of Business | 3. Mailing Address | <u> </u> | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | ☐ CHECK | ☐ CHECK HERE IF MAKING CHANGES | | | | | | |
| City & Stat | е | City & State | | 4. FEI Number 65-1 | ∪ ∪∪∪∪∪ | Applied For Not Applicable | | | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status D | \$5.00 + | dditional | | | | | |
| | 6. Name and Address of Current Re | egistered Agent | | 7. Name and Address o | f New Registered Agent | | | | | | |
| SCC | OTT A. ELK, P.A. | | Name | | | | | | | | |
| ELK | BANKIER PALMER & CHRISTU N FEDERAL HWY SUITE 200-E | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | CA RATON FL 33431 | | | | | | | | | | |
| | | | City | | FL Zip Co | ode | | | | | |
| | named entity submits this statement for t ions of registered agent. | he purpose of changing its | registered office or regi | stered agent, or both, in the Sta | ite of Florida. I am familiar with | n, and accept | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent and | title if applicable. (NOT | E: Registered Agent signature req | uired when reinstating) | DATE | | | | | | |
| | | Make Check Payab | OW!!! FEE IS \$50.0 le to Florida Departi e By May 1, 2003 | · - | | | | | | | |
| 9. | MANAGING MEMBERS | S/MANAGERS | 10. | ADD | ITIONS/CHANGES | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILHOUS LEASING COMPANY 791 PARK OF COMMERCE DRIVE BOCA RATON FL 33487 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | ☐ Addition | | | | | |
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| TITLE NAME | | ☐ Delete | TITLE NAME | | ☐ Change | Addition | | | | | |

CR2E083 (10/02)

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

OR AUTHORIZED REPRESENTATIVE

Daytime Phone #