

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

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90123 018 \*\*\*\*50.00

**DOCUMENT #** L00000006158  
1. Entity Name  
ILIAS (USA), LLC

024132

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
16300 N.E. 19TH Avenue  
Suite, Apt. #, etc.  
Suite D

3. Mailing Address  
16300 N.E. 19th Avenue  
Suite, Apt. #, etc.  
Suite D

DO NOT WRITE IN THIS SPACE

City & State  
North Miami Beach, Florida

City & State  
North Miami Beach, Florida

4. FEI Number  
52-2260398

Applied For  
 Not Applicable

Zip  
33162

Country  
USA

Zip  
33162

Country  
USA

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  
Valdes-Fauli Corporate Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
2 S. Biscayne Blvd., Suite 3400  
City  
Miami FL Zip Code  
33131

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  
MGRM  
Theodoridis, George  
16300 N.E. 19th Avenue, Ste D  
North Miami Beach, Florida 33162

TITLE  
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CITY-ST-ZIP

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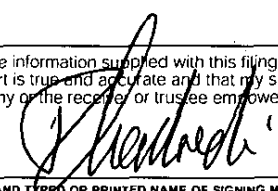
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IN THIS SPACE**

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:  George Theodoridis 1/24/02 305-376-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)