

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # L00000008211

**Mailing Address**  
**3905 ALTON ROAD**  
**MIAMI BEACH, FL 33140**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

01282005 Chq-LLC CR2E083 (10/03)

4. FEI Number  
65-1065547

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

### 7. Name and Address of New Registered Agent

ROSSZ FIU CORPORATION  
201 SOUTH BISCAYNE BOULEVARD, STE. 850  
MIAMI, FL 33131

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.	ADDITIONS/CHANGES
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TITLE	MGR	<input type="checkbox"/> Delete
NAME	JACOBSON, ALAN W	
STREET ADDRESS	3905 ALTON ROAD	
CITY - ST - ZIP	MIAMI BEACH, FL 33140	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_