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<b>2001 UNI</b>	FORM B	USINESS	REPORT	(UBR)

SUAREZ, ANGEL A  1000 BRICKELL AVENUE, SUITE 900  MIAMI FL 33131  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  MANAGING MEMBERS/MEMBERS  MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  TILE  MANAE  TO B BIOT  THE TYPE IN STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  Street Address of Status Desired  Street Status Desired  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  To Street Address (P.O. Box Number is Not Acceptable)  To Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  To Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)	plicable
City & State  City & State  City & State  Vork  Not Ap  Stot Applier  Not Ap  Stot Applier  Status Desired  Status Desired	plicable
6. Name and Address of Current Registered Agent  SUAREZ, ANGEL A  1000 BRICKELL AVENUE, SUITE 900  MIAMI FL 33131  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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS / MEMBERS  10. ADDITIONS/CHANGES  TILE  MAME  STREET ADDRESS  TYLLY LOS Pines BIJO  STREET ADDRESS  STREET ADDRESS	al.
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SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS  TITLE  NAME  TO Blot  STREET ADDRESS  TITLE VALUE OF JOINES BLOT  STREET ADDRESS  SIGNATURE (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  10. ADDITIONS/CHANGES  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	
TITLE MEMBER Delete TITLE Change STREET ADDRESS 7424 Cos Pinos BIVI STREET ADDRESS	
NAME TB BIOT STREET ADDRESS 7424 COS PINOS BIVID STREET ADDRESS	
CITY-ST-ZIP Coral Gables, PL 33143 CITY-ST-ZIP	Addition
NAME STREET ADDRESS CITY-ST-ZIP	00
NAME Edward Rendini STREET ADDRESS 14711 SW 112 Terrace CITY-ST-ZIP Miam, FL 33196  STREET ADDRESS CITY-ST-ZIP	Addition
NAME Alexander (ands STREET ADDRESS 8942 SW 96th Avenue STREET ADDRESS CITY-ST-ZIP Minm PL 33176 . CITY-ST-ZIP	Addition
NAME inichael falk STREET ADDRESS 10601 Seering Road STREET ADDRESS CITY-ST-ZIP Fort Myers 1 2 33312 CITY-ST-ZIP	Addition
TITLE	7

limited liability company or the receiver or trustee en gnature snail have the same legal effect as it made under oath; that I all ed to execute this report as required by Chapter 608, Florida Statutes.

5/2/01 2125829700