

2001 UNIFORM BUSINESS REPORT (UBR)

0029673 AF

DOCUMENT # L00000009961

1. Entity Name
LATITUDE 0, LLC

FILED

01 MAR 12 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**% TSAI MANAGEMENT, INC.
200 PARK AVE., SUITE 4501
NEW YORK NY 10166**

Mailing Address
**% TSAI MANAGEMENT, INC.
200 PARK AVE., SUITE 4501
NEW YORK NY 10166**



2. Principal Place of Business
c/o REDICO

3. Mailing Address
c/o REDICO

Suite, Apt. #, etc.
20500 Civic Ctr. Dr., #3000

Suite, Apt. #, etc.
20500 Civic Ctr. Dr., #3000

City & State
Southfield, MI

City & State
Southfield, MI

4. FEI Number
38-3568985

Applied For
 Not Applicable

Zip Country
48075 USA

Zip Country
48075 USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DR., SUITE 500 EAST
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation FL Zip Code
33324

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 **CHANGE OF RESIDENT AGENT FILED JANUARY 2, 2001**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Susan M. Sosnick c/o REDICO, 20500 Civic Ctr. Dr., #3000 Southfield, MI 48075	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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.

IRA J. JAFFE, AUTHORIZED REPRESENTATIVE

SIGNATURE:

March 6, 2001 (313) 961-8380

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

Date Daytime Phone #

CR2E083 (11/00)