<b>2001</b>	UNIFORM	<b>BUSINESS</b>	REPORT (	(UBR
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DOCUMENT # L0000010422					FILED				
RENOVATIONS USA, LLC					01 MAR 22 PM 2: 22				
Duly size at Dis-		NA-10- A - 1			1	SECRETARY OF	STATE		
Principal Place of Business Mailing Address  777 BRICKELL AVENUE. SUITE 1070 777 BRICKELL AVENUE. SUITE			SUITE 107	n .	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
MIAMI FL 331		MIAMI FL 33131	00112 101						
2. Principal Place of Business 3. Mailing Address			•						
Suite, Apt. #, etc. Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE						
City & State City & State.		City & State.			4. FEI Number Applied For Solution Applied For Not Applicable				
Zip	Country	Zip	Coun	itry		ficate of Status Desired	\$5.00 Add Fee Require	ditional	
	6. Name and Address of Current	Registered Agent	.l			e and Address of New Register			
		e meet e	. 1 -	Name					
	o, Louis R Kell Avenue, Suite 1070			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL									
				City	City FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing it	s registere	l ed office or register	ed agent,	or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature required	when reinstati	ng) DA	TE		
		FILE N	low!!!	FEE IS \$50.00					
		Make Check P	ayable t	o Department of	f State			į	
9. ,	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHANG	3ES		
TITLE	MGR	☐ Delete	TITLE	l l			Change	Addition	
MOTTELEO, LOOIO II		NAM Stre	ET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33131		-	-ST-ZIP					
TITLE NAME		L Delete	TITLE NAMI			200000391 -03/27/01		* LLI Addition	
STREET ADDRESS				ET ADDRESS		*****58.		*50.00	
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CITY-ST-ZIP				-ST-ZIP				ļ	
ΤΙΤĹΕ		☐ Delete	TITLE				Change	☐ Addition	
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CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-	ST-ZIP					
TITLE NAME	Λ	Delete	TITLE	J			☐ Change	☐ Addition	
STREET ADDRESS		A 1	STREE	ET ADORESS	•				
CITY-ST-ZIP	certify that the information supplied Adith	his filing does not qualify fo		ST-ZIP	ction 110.0	17/3Vi) Florida Statutos I further	cartify that the 1-	formation	
indicated limited lia	certify that the information subplied with on this report is true and accurate and bility company or the receiver or trustee	hat my signature shall have empowered to execute this	the same report as	legal effect as if manager required by Chante	ade under er 608. Flo	oath; that I am a managing mer rida Statutes.	nber or manager	r of the	
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SIGNAT		WETER	일말.	<u>)</u>					
	SIGNATURE AND TYPED OF PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	NAGER, OR	AUTHORIZED REPRESEN	ITATIVE .	Date	Daytime Phone #	İ	