2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010931

1. Entity Name
RUNNING BROOK, LLC

APPROVED
AND
FILED

01 MAY -1. PM 6: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
520 BRICKELL KEY DRIVE	520 BRICKELL KEY DRIVE
SUITE O-305	SUITE O-305
MIAMI FL 33131	MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip	Country	Zip	Country

4. FEI Number — *Applied for*

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FREEMAN, STEPHEN A	**Name**
520 BRICKELL KEY DRIVE	**Street Address (P.O. Box Number is Not Acceptable)**
SUITE O-305	
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

000004274937—7
-05/21/01--01187--016
*****50.00   *****50.00

9.	MANAGING MEMBERS / MEMBERS		10.	ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GAYSINA, NADEZDA		NAME			
STREET ADDRESS	520 BRICKELL KEY DRIVE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E083 (11/00)

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: *Nadezda Gaysina*   4/27/01   305 374 3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #