SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR TYPED NAME OF SIGNATURE AND TYPED OR SIGNA

200	I UNIFURM BUSI	NE22 KEDO	KI	(ARK)	- ·				ζ
DOCUMENT # L0000011588  1. Entity Name G.L. XXI, L.L.C.						FILED			
District ID	(P)				·	01 JAN 29 PM 3: 2	<u>?</u> 5		
	e of Business	Mailing Address	<u> </u>			i e			
536 BILTMORI CORAL GABLI		536 BILTMORE WAY CORAL GABLES FL 33134				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal F	Place of Business	3. Mailing Address 7041 6-05	4 6	d boost	]		1861 I(881 O)(E)	10101 1011 <u>4604</u>	
Suite, Apt.	120		S-17= 120			DO NOT WRITE IN THIS SPACE			
City & Stat		City & State	Orlando, FL			4. FEI Number Applied For Not Applicable			
32 8 1	Country	32819	Count	ry	5. Certi	ficate of Status Desired	\$5.00 Add Fee Require	ditional	
	6. Name and Address of Current Re	egistered Agent		Nome	7. Nam	e and Address of New Registered A	gent		4
	& RUBIN, P.A.	·	<u>.</u> . ,	Name			·		1
	MORE WAY		Street Address (			P.O. Box Number is Not Acceptable)			
	ABLES FL 33134								}
	•		į	City		FL	Zip Cod	e	1
8. The above	named entity submits this statement for the	he purpose of changing its	registere	d office or registe	red agent,	or both, in the State of Florida.	<u> </u>		.1
								ŧ	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered	Agent signature require	d when reinstati	ng) DATE			
		FILE NO	OW!!! F	EE IS \$50.00					
		Make Check Pa		•	of State				
9.	MANAGING MEMBER		10.			ADDITIONS/CHANGES			15
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALIZIA, GIUSEPPE 536 BILTMORE WAY CORAL GABLES FL 33134	COD Delete				<b>70000362</b> 3 -02/02/01 ******50.08	01026		2E083 (11/00)
TITLE	MGRM	☐ Delete	TITLE				☐ Change	☐ Addition	128
NAME STREET ADDRESS	DE GALIZIA, AMARELYS L	<b>K</b>	NAME	T ADDRESS					
CITY-ST-ZIP	536 BILTMORE WAY CORAL GABLES FL 33134			ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	DE LORELLI, URSULA B 536 BILTMORE WAY		NAME STREE	T ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33134			ST-ZIP					
TITLE	MGRM "	Delete	TITLE			Andrew Anna Anna Anna Anna Anna Anna Anna Ann	☐ Change	Addition	-
NAME STREET ADDRESS	GALIZIA, PIETRO 536 BILTMORE WAY		NAME STREE	T ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-	ST-ZIP					
TITLE		Delete	TITLE			1	☐ Change	☐ Addition	
NAME STREET ADDRESS	f		NAME STREE	T ADDRESS		SW			
CITY-ST-ZIP	•		CITY-	ST-ZIP	_				
TITLE		☐ Delete	TITLE	ŀ			☐ Change	☐ Addition	
NAME STREET ADDRESS	,		NAME STREE	T ADDRESS			•		}
CITY-ST-ZIP	`			ST-ZIP					
indicated	certify that the information supplied with the on this report is true and accurate and the bility company or the receiver or trustee e	at my signature shall have t	the same	legal effect as if r	nade undei	roath; that I am a managing membe	ify that the ir r or manage	nformation r of the	

1/23/01