2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90035 019 ****50.00

1. Entity Nam	MEN # LOOOOO CHITECTURE & DESIGN, L.L.						30.00	
Principal Place of Business		Mailing Address						
6930 NW 84 AVE.		6930 NW 84 AVE.			{		:	
Miami Fl. 33166 US		MIAMI FL 33166 US						
2. Principal Place of Business		3. Mailing Address			}	()) 1 1) 11) 11) 11) 11	1111 51 111 11 111 11 5 11 11511 11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			——	CHECK HERE IF MAKING CHANGES		
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City & State		City & State			4. FEI Num	ber 65-1088478		oplied For of Applicable
Zip Country		Zip Country		itry			\$E.00	
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6. Name and Address of Current Registered Agent				Name	7. Name ar	nd Address of New Re	gistered Agent	
MARTINEZ, ANDRES M				l				
	NW 84TH AVE.			Street Add	dress (P.O. Box Numl	ber is Not Acceptable)	• • .	
MIAN	Al FL 33166			<u> </u>			and the second second	
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9 The shows	named entity submits this statement for	the surpose of aborains its	*****	r r	opintored point or b	ath is the Coase of Flat	<u> </u>	
the obligati	ions of registered agent.		•	:	agisiarad agent, or o	om, in the State of Flor		Ty - "ritesia
SIGNATURE .	Signature, typed or printed name of registered agent a	ust libe if applicable. (NOT)	E. Registerer	d Agent signature	required when (einstaling)		DATE	
HEAL BY ST		Make Check Payable	le to Flo	orida Depar	rtment of State		[_] · farige	f.¥mpu
9.	MANAGING MEMBER		10.			ADDITIONS/C	HANGES	
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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.

(301)277-6885