FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90900 014 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30054965

DOCUMENT # L00000013096

1. Entity Name
ELLEBI, LLC

Principal Place of Business	Mailing Address
3050 VIRGINIA STREET COCONUT GROVE, FL 33145	3050 VIRGINIA ST. COCONUT GROVE, FL 33133

2. Principal Place of Business	3. Mailing Address
571 NE 34th STREET	571 NE 34th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33334 Country:	Zip: 33334 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1087132 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUIGI TREGLIA 3050 VIRGINIA STREET COCONUT GROVE, FL 33145	Name: LUIGI TREGLIA Street Address (P.O. Box Number Is Not Acceptable): 571 NE 34th STREET City: FORT LAUDERDALE FL Zip Code: 33334

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 04·15·03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE NOW IF FEE IS $50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TREGLIA, LUIGI 2252 SW 22 TERRACE MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TREGLIA LUIGI 571 NE 34 th STREET FORT LAUDERDALE, FL 33334 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TITO, BARBARA 3050 VIRGINIA STREET COCONUT GROVE, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TITO BARBARA 200 PLAZA LAS OLAS FORT LAUDERDALE, FL. 33301 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E063 (10/02)

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: [signature] LUIGI TREGLIA MGR 04.15.03 786 210 6888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #