UNIFORM BUSINESS REPORT (UBR)

2003 LIMITED LIABILITY COMPANY

DOCUMENT # L0000013657

05-02-2003 90563 019 ****50.00

FILED May 02, 2003 8:00 am Secretary of State

Principal Place of Business 48 AUANDRIA CRR 426 AUANDRIA	ANAJOR, I	L.C.									
2. Principal Pace of Business 3. Mailing Address 5. Mailing Address	Principal Place of Business 426 ALHAMBRA CIR		-								
Suite. Appl. #. etc.	CORAL GABLES	5 FL 33134	CORAL GABLES FL 3313	4)	11 OKT 40111 VOITE EDART COAT	1 46 214 8810 1 (2 88	A DISER OLLUK T	1180 8 80 1 8 01	
City & State Ci	2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Country Zp Country Zp Country S. Certificate of Stratus Desired SS. SQ. Additional Face Productional Face	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE	E IF MAKING	CHANGES	S	
S. Name and Address of Current Registered Agent MATTER NETSCH, P.A. 782 NW LEJEUNE RD SURF 3.90 MAWN FL. 33128 6. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. Tam lamillar with, and accept the obligations of registered agent. SignATURE Signature Mark Check Payable to Riord Registered Agent. MARK MARIA DE ARMAS SIRET ADMESS CHY-ST-2P CORAL GABLES FL 33134 MARGM HERNANDEZ, MARIO A HERNA	City & State		City & State	City & State		4. FEI Num	ber 22-38296 3	829631			
MATTE R. NETSCH, P.A. 782 NWI LEJEUNE RD SUITE 330 MIMM Ft. 33126 8. The abbreve named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered agent. Signature Signature	Zip	Country	Zip	Coun	try	5. Certifica	te of Status Desired]
MATTER N. NETSCH, P.A. 782 NW LEJEUNE RD Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable (P.O. Box Number is Not Number is Not Acceptable (P.O. Box Number is Not Number is Not Number is Not Number is Not N		6. Name and Address of Currer	nt Registered Agent			7. Name ar	nd Address of New	Registered A	gent		<u> </u>
Street Address (P.O. Box Number is Not Acceptable)	MAIT	TE R. NETSCH. P.A.	A		Name						
AMAM FL 33126 City FL Zip Code City FL Zip Cod	782 NW LEJEUNE RD]	Street Address (F	P.O. Box Num	ber is Not Acceptabl	e)]
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 namiliar with, and accept the the obligations of registered agent. SIGNATURE				.	City			FI	Zip Co	de	
SIGNATURE Signature, typed or printed name of registered agent are utilite 8 applicable. (NOTE: Registered Agent signature required whon reinstating) DATE			for the purpose of changing	its registere	d office or register	ed agent, or b	oth, in the State of F		amiliar with	n, and accept	1
Make Check Payable to Florida Department of State Due By May 1, 2003 ManAging Members ManAgers 10. ADDITIONS/CHANGES Addition MGRM	SIGNATURE .	Signature, typed or printed name of registered age	int and title if applicable. (N	OTE: Registered	d Agent signature required	when reinstating)		DATE		· 	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM HERNANDEZ, ANA MARIA DE ARMAS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 TITLE MGRM HERNANDEZ, MARIO A 426 ALHAMBRA CIR CORAL GABLES FL 33134 CITY-ST-ZIP CORAL GABLES FL 33134 TITLE MGRM HERNANDEZ, MARIO A 428 ALHAMBRA CIR CORAL GABLES FL 33134 CITY-ST-ZIP TITLE MGRM HERNANDEZ, MARCELO STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MGRM HERNANDEZ, MARCELO STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP Addition ADDRESS CITY-ST-ZIP Addition ADDRESS CITY-ST-ZIP Addition Addi			FILE	NOW!!! F	FEE IS \$50.00		· · · · · · · · · · · · · · · · · · ·				1
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM		•	Make Check Paya	ble to Flo	orida Departmer	nt of State					
TITLE MGRM HERNANDEZ, ANA MARIA DE ARMAS STREET ADDRESS STREET ADD			ס	ue By Ma	ay 1, 2003						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-S							ADDITIONS	/CHANGES			ء ⊦
STREET ADDRESS CITY- ST-ZIP CORAL GABLES FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP									Change	L. Addition	100
CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP MGRM HERNANDEZ, MARIO A 426 ALHAMBRA CIR CORAL GABLES FL 33134 CITY-ST-ZIP CORAL GABLES FL 33134 HERNANDEZ, MARCELO 426 ALHAMBRA CIR CORAL GABLES FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP			AIIIIAO		_						1 8
NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY	-ST-ZIP				_		يَّ ا
STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP MGRM.	TITLE		☐ Delete	TITLE					☐ Change	Addition] å
CITY-ST-ZIP					_						`
MGM CHANGE Addition NAME HERNANDEZ, MARCELO Addition NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME CHANGE CITY-ST-ZIP CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP										•	1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Пъш		_ 				Change	- Addition	+
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Uelete				3	المدال المنطقة الم	. L.J. Gliange.	, . L. Audition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-	- ST- ZIP]
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE		☐ Delete	TITLE					Change	Addition	}
CITY-ST-ZIP					_						
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP					1						1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP									Cl Chapas	- Addition	$\frac{1}{2}$
STREET ADDRESS CITY-ST-ZIP LITLE Delete TIFLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TIFLE CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			L Delete		ſ				Change	L_I Addition	1
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	1										
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	_					
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE					Change	Addition	
City-St-ZIP CITy-St-ZIP					ſ						1
											1
		partify that the information appeal	ith this filing does not such.			ation 110 07/3	N(i) Florida Statutas	Lituriber cont	ify that the	information	1

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.

AUA MANIA DE MINIAS DELIMANS DELI

JRE AND ALI OFWAR MUSICATION RED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE