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APR 30 2003 9:53AM MB PM+DESIGN0000 5105

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91433 012 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015585

30068477

1. Entity Name
TAKIMA, L.C.

Principal Place of Business
C/O BAUR KLEIN MATOS & RIEDI PA
100 N BISCAYNE BLVD., #2100
MIAMI FL 33132

Mailing Address
C/O BAUR KLEIN MATOS & RIEDI PA
100 N BISCAYNE BLVD., #2100
MIAMI FL 33132

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-1062425 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BAUR, THOMAS ESQ
C/O BAUR KLEIN MATOS & RIEDI PA
100 N BISCAYNE BLVD., #2100
MIAMI FL 33132

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. Date: Apr 30 03

NOTE: Registered agent signature required when reinstating

FILE NOW!!! FEE IS $50.00 Make Check Payable to Florida Department of State ... By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EWERS, ALTURA S 3736 ABINGTON AVE S ST PETERSBURG FL 33711	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BLUMENSTEIN-EWERS, MARTINA 2201 ROSE ST BERKELEY CA 94709	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 and typed or printed name of signing managing member, manager, or authorized representative

Date: April 30 03 Daytime Phone #: 727 480 7029

04/28/03 12:50 FAX 3053714380 Baur, Klein, Matos & Riedi