LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBF					FILED Jan 29, 2003 8:00 an Secretary of State					
DOCU	MENT # 10000001616	6		C III III	Ĩ		•	006 ****50.00		
1. Entity Nam										
1	DO NOT WRITE			n?				: • i		
	lace of Business %Mirmelli 2nd Street	3. Mailing Address%MI 100 SE 2nd			•			4		
Suite Apt. #, etc. Suite 2600		Suite Apt. #, etc. Suite 2600			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Numb	er		Applied For		
<u>Miami;</u> _{Zip}	Florida Country	Miami, Flor			65-1	087144		Not Applicable		
33131	Miami-Dade	^{Zip} 33131	Count Mia	mi-Dade	5. Certificate	of Status Desired		5.00 Additional		
				Name	7: Name and	Address of Curren	t Registered A	gént		
II.	DO NOT WI	RITE	- #/ -	Stewart						
A A	IN THIS SP	1	Mi -	Street Address (100 SE 2	nd Stre	er is Not Acceptabl e t	e)			
	IN INIJ JE	ACE		Suite 26	00			1		
	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	in the second	il a	City Miami	-		FL	Zip Code 33131		
. The above	named entity submits this statement for	the purpose of changing its	registere		ed agent, or bo	th, in the State of Fl	orida. I am fam			
the obligati	ons of registered agent	11.						- -		
GNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable.					1-23- DATE	-03		
9.	MANAGING MEMBEF	Make Check Payab	le to Flo	\$50.00/ orlda Departmer MAY 1	nt of State			, ; 1		
TITLE NAME	Managing Member Gregory Mirmelli		TITLE	- AM						
STREET ADDRESS	100 SE 2nd Street,	Suite 2600	STRE	TADDRESS	<u>p</u>					
CITY-ST-Z:P	<u>Miami, FL 33131</u>			ST-ZIP	<u> </u>			<u></u>		
TITLE NAME Street address City - St - Zip	Managing Member Dominic Cavagnuolo 100 SE 2nd Street, Miami, FL 33131	Suite 2600	· · · · · · · · · · · · · · · · · · ·							
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ITY-ST-ZIP				ST ZIP	<u>/</u>			-		
indicated	ertify that the information supplied with t on this report is true and accurate and to pility company or the receiver or trustee	hat my signature shall have :	the same	legal effect as if m	ade under oath	i; that I am a mana	I further certify ging member o	that the information r manager of the		
	and some any of the receiver of trustee		opontas		000, nonua	-idiai03.				
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IGNAT		- cm	•		·	1-23-03	(305)9	796424		