## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100000701

1. Entity Name



**FILED** Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90026 010 \*\*\*\*50.00

BOCA RATON FL 33431  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   Chy & State   Country   S. Certificate of Status Desired   Applied For Not Applicable    Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required  6. Name and Address of Current Registered Agent   Name    LUPTAK, PAOLA M   A700 N.W. BOCA RATON BLVD., 4TH FLOOR    BOCA RATON FL 33431  City   FL   Zip Code    In the above right of the State of Florida. I am familiar with, and accept the obligations of reflectibe agent    FILE NOW!!! FEE IS \$50.00    Make Check Payable to Florida Department of State    Due By May 1, 2003  STREET ADDRESS   ADDITIONS/CHANGES    IN THE LUPTAK, PAOLA   A700 N W BOCA RATON BLVD 4TH FL STREET ADDRESS    BOCA RATON FL 33431  FILE NOW!!! FEE IS \$50.00    Make Check Payable to Florida Department of State    Due By May 1, 2003  ADDITIONS/CHANGES    IN THE LUPTAK, PAOLA    A700 NW BOCA RATON BLVD 4TH FL STREET ADDRESS    STREET A	PARAPHE	ERNALIA, L.L.C.								
#700 N.W. BOCA RATON BLVD. 4TH FLOOR BOCA RATON BLVD. 4TH FLOOR BOCA RATON FL 33431  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   Check HERE IF MAKING CHANGES  Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required  6. Name and Address of Current Registered Agent   Name  #700 N.W. BOCA RATON BLVD., 4TH FLOOR  BOCA RATON FL 33431  City   FL   Zip Code  B. The above rytined digity gubrings this statement (A pro burpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of reflectives agent   Name  ### Street Address   Name of Registered agent   Name of Registered agen	Principal Plac	ce of Business	Mailing Address							
Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   4. FEI Number 65-1071210   Applied For Not Applicable    Zip   Country   Zip   Country   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    LUPTAK, PAOLA M'   ATTO N.W. BOCA RATON BLVD, 4TH FLOOR    BOCA RATON FL 33431   City   FL   Zip Code    6. 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 refusive at a fact that 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 refusive at a fact that 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 refusive at a fact that 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 refusive at a fact that 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 refusive at a fact that 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 refusive agent agent registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the obliga	4700 N.W. BOCA RATON BLVD., 4TH FLOOR BOCA RATON FL 33431		4700 N.W. BOCA RATON BLVD., 4TH FLOOR						)3(	LY/
City & State  Country  S. Certificate of Status Desired  \$5.00 Additional Fee Required  Fee Required  Fee Required  Fee Required  Street Address of New Registered Agent  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  FL  Zip Code  6. The above named chitty, submigs this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of refusery agent.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due by May 1, 2003  8. MANAGING MEMBERS/MANAGERS  ID. ADDITIONS/CHANGES  ITTEL  NAME  LUPTAK, PAOLA  4700 NW BOCA RATON BLVD 4TH FL  STREET ADDRESS  CITY-ST-ZIP  MGRM  LUPTAK, V NA  4700 NW BOCA RATON BLVD 4TH FL  STREET ADDRESS  STREET A	2. Principal Place of Business		3. Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired  \$5.00 Additional Fee Required 6. Name and Address of Lorent Registered Agent 7. Name and Address of New Registered Agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE I	= MAKING	CHANGES	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  LUPTAK, PAOLA M 4700 N.W. BOCA RATON BLVD., 4TH FLOOR BOCA RATON FL 33431  City  FL  Zip Code  8. The above named entity submits the statement for the burpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of refusiblest agent.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  FILE NAME  LUPTAK, PAOLA  4700 NW BOCA RATON BLVD 4TH FL  GIRET ADDRESS  GITY-51-ZIP  MGRM  LUPTAK, V NA  STREET ADDRESS  4700 NW BOCA RATON BLVD 4TH FL  STREET ADDRESS	City & State		City & State			4. FEI Numb	oer 65-1071210	)		
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Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of redistributed agent.  Signature  S	111	TAN DADIA MASSESSION SON TO	بالراد للمستعملين الماران	Name	. ده ماکاد ،	-,				
City  FL  Zip Code  6. The above named entity submits this statement for the burpose 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of State of Policia and Florida agent	470	0 N.W. BOCA RATON BLVD., 4TH F	LOOR	Street A	ddress (P	O. Box Numb	er is Not Acceptable)			
B. The above named entity submits this statement to the burpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of redisabled accept.  SIGNATURE  Signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  ITILE  MGR  LUPTAK, PAOLA  STREET ADDRESS  CITY-ST-ZIP  MGRM  LUPTAK, PAOLA  STREET ADDRESS  CITY-ST-ZIP  ITILE  MGRM  LUPTAK, V NA  STREET ADDRESS	BO	CA RATUN FL 33431								
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FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS TITLE NAME LUPTAK, PAOLA STREET ADDRESS CITY-ST-ZIP MGRM LUPTAK, V NA STREET ADDRESS		named entity submits this statement follows of regulations about	the purpose of changing its re	gistered office or	r registere	d agent, or bo	th, in the State of Flori	ida. 1 am fa	miliar with,	and accept
Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE NAME LUPTAK, PAOLA STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431  TITLE NAME LUPTAK, V NA STREET ADDRESS	SIGNATURE	Signature, yield or printed name of registered agent and	d title if applicable. (NOTE: R	legistered Agent signat	ture required v	when reinstating)		DATE		
TITLE NAME LUPTAK, PAOLA STREET ADDRESS CITY-ST-ZIP STREET NAME LUPTAK, PAOLA  4700 NW BOCA RATON BLVD 4TH FL BOCA RATON FL 33431  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME LUPTAK, V NA LUPTAK, V NA STREET ADDRESS		<del>-</del>	to Florida De	partmen	t of State					
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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		certify that the information winnlied with the	nis filing does not qualify for th	L	ted in Sec	tion 119 07/3)	(i) Florida Statutes I f	urther certif	v that the ir	nformation

indicated on this report is true and accurate and that my signature shall ha limited liability company or the receiver criticate empowered to execute the the same legal effect as if made under oath; that I am a managing member or manager of the report as required by Chapter 608, Florida Statutes.

ANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #