

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91532 002 ****75.00

2002
2000 UNIFORM BUSINESS REPORT (UBR)

867399

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000000864

1. Entity Name
SPAULDING PARTNERS LLC

Principal Place of Business
1356 SW 8TH STREET, SUITE 201
-OLD ADDRESS-
MIAMI, FL 33138

Mailing Address

2. Principal Place of Business 1547 SW 8 STREET #201 Suite, Apt. #, etc. #201		3. Mailing Address 1547 SW 8TH STREET #201 Suite, Apt. #, etc. #201	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33135	Country	Zip 33135	Country

4. FEI Number applied for

Applied For
 Additional
 Not Applicable

5. Certificate of Status Desired \$8.75 Fee Required

6. Name and Address of Current Registered Agent

MARCUS, ALAN J
20803 BISCAYNE BOULEVARD, SUITE 301
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
ARNOLD LICHTSCHIEIN

Street Address (P.O. Box Number is Not Acceptable)
1547 SW 8TH STREET #201

City
MIAMI

FL Zip Code
33135

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.

SIGNATURE *[Signature]* ARNOLD LICHTSCHIEIN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Date
4/29/2002

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so: Yes No

10. Election Campaign Financing \$5.00
Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE MGRM	YASAM, LLC	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1356 SW 8TH STREET, SUITE 201	NAME	
STREET ADDRESS	MIAMI, FL 33138	STREET ADDRESS	1547 SW 8 STREET, #201
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI, FL 33135
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* ARNOLD LICHTSCHIEIN
Signature and typed or printed name of signing officer or director

Date
4/29/2002

Daytime Phone #
305 541-3233

CR2E034 (9/99)