

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90209 006 \*\*\*\*50.00

**DOCUMENT # L01000002121**

1. Entity Name  
**LORYFLO L.L.C.**

Principal Place of Business <b>150 WEST FLAGLER STREET          SUITE 2200          MIAMI FL 33130</b>	Mailing Address <b>150 WEST FLAGLER STREET          SUITE 2200          MIAMI FL 33130</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>260 Crandon Blvd</b> Suite, Apt. #, etc. <b>C-12</b>	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State <b>Key Biscayne, FL.</b>	City & State	4. FEI Number <b>05-1105352</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33149</b>	Country <b>Miami-Dade</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>FREED, OWEN S          150 WEST FLAGLER STREET          SUITE 2200          MIAMI FL 33130</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>Florence Cave de Biocchi</b> <b>781 Crandon Blvd, Ocean Club</b> <b>Tower 3 #801, Key Bisc FL 33149</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>Lorena Gomez de Guardazzi</b> <b>260 Crandon Blvd, #C12</b> <b>Key Biscayne, FL 33149</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **LORENA GOMEZ DE GUARDAZZI** **3/2/02** **305-789-3450**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)