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

## DOCUMENT # L0100003116

1. Entity Name

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FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92173 006 \*\*\*\*50.00

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S. Name and Address of Current Registered Agent  MONTELLO, LOUIS R 777 BRICKELL AVE SUITE 1070 MIAMI FL 33131  City  FL  Signature  MANAGING MEMBERS / MANAGERS  MANAGING MEMBERS / MANAGERS  MANAGING MEMBERS / MANAGERS  OTHER ADDRESS  OTH ST-2P  MANAGING MEMBERS / MANAGERS  OTHER ADDRESS  OTH ST-2P  OTH ST-2P  OTHER ADDRESS  OTH ST-2P  OTH ST-2P  OTHER ADDRESS  OTH ST-2P  O	City & State				City & State							
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NIAMI FL 33131  TILE NAME STREET ADDRESS CITY-ST-ZP TITLE STRE	777 1	BRICKELL		æ '			Street Address	(P.O. Box Num	ber is Not Acceptable	9)		
S. 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 of the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agent). PELE NOW!!! FEE IS \$50.00   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1,			·					<u> </u>				
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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 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 ecciver or manager of the liability company or the ecciver or manager of the limited liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager of the liability company or the ecciver or manager	indicated	on this repor	t is true and accu	rate and±l	nat my signature shall have	the same	e legal effect as if	made under oa	th: that I am a manac	further certi ging member	fy that the ir or manage	iformation r of the

REQUIRIOUS R. Montello **SIGNATURE** 

4/8/03

(305) 373-0300

Daytime Phone #