LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am Secretary of State

			<u> </u>					
DOCUN 1. Entity Name	NENT # <i>LO 000</i> REMI 2394/28, L.	•				04-22-20	02 901 50 033	****50.00
	OO NOT WRITE		ACE					
2. Principal Place of Business 3. Mailing Address			. 1					
1815 Griffin Road		1815 Griffin Road Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc. Suite 200		Suite 200				_		
City & State		City & State		4.	FEI Number			Applied For
Dania,		Dania, FL			65-11 <u>53</u>	<u> 295</u>		Not Applicable
Zip	Country	Zip	Country	5.	Certificate of S	status Desired	□ \$5.00	O Additional
33004	USA	— <u>33004 </u>	USA	7 1	Jame and Adds	ross of Current	Registered Agent	
			Name		y N. Mar	· <u>-</u>		
DO NOT WRITE Street Address					Box Number is	Not Acceptable)	
IN THIS SPACE				1815 Griffin Road				
		//OE		Suite	<u> 200</u>			
ŧ			City	Donis			FL 갤	2004 S
	named entity submits his statement for	the authors of changing its	registered office	Dania or registered a	agent or both, i	n the State of Fk		
8. The above r	named entity submits this tratement for	the purpose of changing its	egistered office	or registares e	2go, o. •••.,			
SIGNATURE Signature, types or printedname of registered agent and title if applicable. Jeffrey N.							4/12/200	2
9.	MANAGING MEMBE		yable to Depa UE BY MAY	irtment of St	iate 12.			e de la companie de l
TITLE	Managing Member		THTLE				•	
NAME	Jeffrey N. Marks		NAME STREET ADDRES					
STREET ADDRESS	1815 Griffin Road,	Suite 200	CITY-ST-ZIP	S				
CITY-ST-ZIP	<u>Dania, FL 33004</u>	<u></u>	TITLE		-,:			. m.(11). 1 - 2.
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TITLE NAME			NAME					
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CITY-ST-ZIP			CITY-ST-ZIP		445	E. 14 6:	1.6	at the information
44 Lhoroby	certify that the information supplied with	this filing does not qualify fo	r the exemption	stated in Section	on 119.07(3)(i),	Florida Statutes.	I further certify that	at 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:

Jeffrey N. Marks, Managing Member 4/12/02 (954)342-8484 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #