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

## DOCUMENT # L01000004785

1. Entity Name



FILED Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90747 048 \*\*\*\*50.00

Zip Country Zip Country 5. Certificate of Status Desired S\$5.00 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  BROWN, WILLIAM T III 10102 S.W. 60TH AVENUE MIAMI FL 33156  City FL 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. I am familiar with, and the obligations of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)  PILE 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  TITLE MGR Delete TITLE GODING COUNTY  Signature Required Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired Agent signature required when reinstating)  ADDITIONS/CHANGES  Change Change	ec For
## Applied Place of Business    Suite, Apt. #, etc.	ec For
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  5. Certificate of Status Desired  Fee Required  Fee	ec For
Suite, Apt. #, etc.   GHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   Country   Zip   Country   5. Certificate of Status Desired   \$5.00 Addition Fee Required  6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name    BROWN, WILLIAM T III   10102 S.W. 60TH AVENUE   Street Address (P.O. Box Number is Not Acceptable)  City   FL   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. I am famillar with, and the obligations of registered agent and the if applicable   (NOTE: Registered Agent signature required when refreshing)   DATE    FILE NOW!!! FEE IS \$50.00   Make Check Payable to Florida Department of State   Due By May 1, 2003   ADDITIONS/CHANGES   Change   Change	ec For
City & State  Country  Country  Country  S. Certificate of Status Desired  \$5.0 Addition Fee Required Fee Required Fee Required  Country  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  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. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, hyper or printed name of registered agent and title if applicable  NOTE: Registered Agent 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  10. ADDITIONS/CHANGES  TITLE  MGR  City  ADDITIONS/CHANGES	pplicable
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	Addition
NAME BROWN, WILLIAM STREET ADDRESS 10.102 SW 60 AVE	
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
	Addition
NAME BROWN, LAURA	
STREET ADDRESS  CITY-ST-ZIP  ANALUE 1 20156	
MIAMI PL 33136	Addition
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CITY-ST-ZIP  11. I hereby certify that the information supplied with this filing thes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing these not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	

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

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE