LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 05, 2002 8:00 am Secretary of State

DOCUMENT: # L01000005175 1. Entity Name				03-05-2002 90017 014 ****50.00		
GRANADA, L.L.C.				<u> </u>		
DO NOT WRITE IN THIS SPACE				930537		
2. Principal Pl	ace of Business	3. Mailing Address		-	·	
162 Alcazar Avenue		162 Alcazar Avenue				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State City & State				4. FEI Number	Applied For	
	Coral Gables, Florida Coral Gable		, Florida	65-111108	Not Applicable	
Zip	Country Zip		Country	- 5:- Certificate of Status Desir	ed 5.00 Additional	
33134	USA	33134	USA	7. Name and Address of Cur	ree Required	
Name						
	DO NOT W	RITE		art Bornstein		
			Street Address (P.O. Box Number is Not Acceptable) 162 Alcazar Avenue			
IN THIS SPACE						
	ANI		City	al Gables	FL Zip Code 33134	
8. The above	numer entity submits this statement to	the purpose of changing its	registered office or regis	stered agent, or both, in the State	of Florida /	
SIGNATURE Signature: Typer businessame of regarded agent and title if applicable. Stuart Bornstein						
	<u> </u>		EE IS \$50.00	· · · · · · · · · · · · · · · · · · ·	1	
			yable to Departmen	t of State		
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9.	MANAGING MEMBI	RS/MANAGERS				
TITLE	MGRM		TITLE			
NAME	Stuart Bornstein		NAME	•		
STREET ADDRESS CITY-ST-ZIP	162 Alcazar Avenue		STREET ADDRESS CITY-ST-ZIP			
	Coral Gables, FL	33134	TITLE			
TITLE			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-SI-ZIP			
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TIFLE			TITLE			
NAME			NAME STREET ADDRESS	·		
STREET ADDRESS CITY-ST-ZIP	1 1 1		CITY-SI-ZIP			
11. Thereby o	certify that the information supplied wit	n this filling does not qualify for	r the exemption stated in	n Section 119.07(3)(i). Florida Stat	utes. I further certify that the information	
indicatéd	on this report is trae and accurate and	that my signature shall have	the same legal effect as report as required by C	if made under oath; that I am a r hanter 608. Florida Statutes	nanaging member or manager of the	

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE