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

## DOCUMENT # L0100005994

1. Entity Name

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## Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90002 014 \*\*\*\*50.00

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Principal Place of Business 5105 N.W 159TH STREET MIAMI LAKES FL 33014  2. Principal Place of Business			Mailing Address 105 N.W 159TH STREET MAMI LAKES FL 33014			,					
			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			03 1103202			oplied For	7	
Zip Country			Zip Coun		try				Not Applicable  5.00 Additional ee Required		
	0. 11	- 1 2			Γ	7. Name and Address of New Registered Agent					1
	6. Name and Address		gistered Agent		Mana	7. Name and	Address of New F	tegisterea A	gent		┨
MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE.			رير المحاول المنصوصي		Name Street Address (P.O. Box Number is Not Acceptable)						
2ND	FLOOR						<u>,                                      </u>				1
CORAL GABLES FL 33134					City			FL	Zip Cod	e	}
	named entity submits this si ions of registered agent.	tatement for the	e purpose of changing its	registere	ed office or register	red agent, or bo	th, in the State of Fl	orida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of re	gistered agent and t	itle if applicable. (NOTE	: Registered	d Agent signature required	d when reinstating)		DATE			
			FILE NO	wiii r	FEE IS \$50.00						
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Thereby dering that the mormation supplied with this filling does not quality 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:

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

-4-03

Daytime Phone #