

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-08-2002 90083 035 ****50.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000006821

1. Entity Name
ETAM Florida, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1455 Ocean Drive Suite, Apt. #, etc. Suite 1406 City & State Miami Beach, Florida Zip 33139		3. Mailing Address Suite, Apt. #, etc. City & State City & State Zip Country USA	
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4. FEI Number 65-1099 128	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name George Lindemann
Street Address (P.O. Box Number is Not Acceptable) 1455 Ocean Drive Suite 1406
City Miami Beach, FL Zip Code 33139

3. 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.

SIGNATURE GEORGE LINDEMANN
Signature, typed or printed name of registered agent and use if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)
DATE 6-4-2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Henry Lindemann 1455 Ocean Drive, Suite 1406 Miami Beach, Florida 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager George Lindemann 1455 Ocean Drive, Suite 1406 Miami Beach, Florida 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Christina Lindemann 1455 Ocean Drive, Suite 1406 Miami Beach, Florida 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] G. LINDEMANN, President 786-2769595
Date 4-25-02 Daytime Phone #