

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000006847

FILED
Aug 20, 2003
Secretary of State

Entity Name: LEKIAM, LLC

Current Principal Place of Business:

P.O. BOX 4158
MIAMI LAKES, FL 33014

New Principal Place of Business:

8004 NW 154TH STREET
#298
MIAMI LAKES, FL 33016

Current Mailing Address:

P.O. BOX 4158
MIAMI LAKES, FL 33014

New Mailing Address:

8004 NW 154TH STREET
#298
MIAMI LAKES, FL 33016

FEI Number: 65-1119138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MAIKEL D
P.O. BOX 4158
MIAMI LAKES, FL 33014

Name and Address of New Registered Agent:

GARCIA, MAIKEL D
8004 NW 154TH STREET
#298
MIAMI LAKES, FL 33016

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:

08/20/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DEYANIRA, GARCIA
Address: P.O. BOX 4158
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR () Delete
Name: MAIKEL, GARCIA D
Address: P.O. BOX 4158
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARCIA, DEYANIRA
Address: 8004 NW 154TH STREET #298
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR (X) Change () Addition
Name: GARCIA, MAIKEL D
Address: 8004 NW 154TH STREET #298
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MAIKEL GARCIA

MGR

08/20/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date