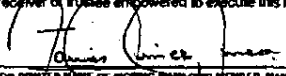


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90581 006 ****50.00

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

DOCUMENT # L01000007244		
1. Entity Name CARMEL, L.L.C.		
Principal Place of Business 133 SEVILLA AVE. CORAL GABLES, FL 33134-6006		Mailing Address 133 SEVILLA AVE. CORAL GABLES, FL 33134-6006
2. Principal Place of Business 2666 OAKHOUT DRIVE Suite, Apt. #, etc.	3. Mailing Address 6239 GREENVIEW TERRACE Suite, Apt. #, etc.	
City & State WESTON, FL	City & State BOCA RATON, FL	
Zip 33332	Zip 33433	Country
4. FEI Number 65-1100425		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent KUTLIN, STANLEY 6239 GREENVIEW TERRACE BOCA RATON, FL 33433		7. Name and 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 accept the obligations of registered agent.		
SIGNATURE _____ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when substituting) DATE _____		
		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR MIER, TOMAS 2666 OAKMOUNT DRIVE WESTON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR KUTLIN, STANLEY 6239 GREENVIEW TERRACE BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
11. 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 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 808, Florida Statutes.		
SIGNATURE:  TOMAS MIER		Date 4/28/03 Cayman Phone # 954-529-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date

CPREV03 (1/02)