LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2002 8:00 am Secretary of State

DOCUMENT # L01000007527 1. Enuty Name					Secretary of State 03-20-2002 90040 025 ****50.00			
SCHOOLHOUSE ASSOCIATES, LLC								
DO NOT WRITE IN THIS SPACE								
2. Principal Place of Business		3. Mailing Address 2875 NW 77th Avenue						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State Miami, FL			El Number 5 – 1 1 0 3 7 5 4		Applied For Not Applicable	
Zip	Country	Zip 33122	Country	5. C	ertificate of Status Desired		00 Additional . Required	
				7. Nan	ne and Address of Curren	t Registered Age	nt	
DO NOT WRITE				Name Garcia, Firpo				
Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) 2875 NW 77th Avenue								
				<u></u>				
			City	1iami		FL ^z	ip Code 33122	
8. The above	named entity submits this statement for	or the purpose of changing its			nt, or both, in the State of F	lorida.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE								
FEE IS \$50:00 (Make Check Payable to Department of State) DUE BY MAY 1								
9.	MANAGING MEMB	ERS/MANAGERS	n anth	to see a sergia	DAD YELLERI	REPLY PROPERTY.	CKANI METANIA	
TITLE NAME	Manager		TITLE NAME,					
STREET ADORESS	Firpo Garcia		STREET ADDRESS				The state of the s	
CITY-ST-ZIP	2875 NW 77th Avenue		CITY-ST-ZIP	27 5044	See A Comment of the	STEN BEAUTY		
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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 ooth, 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: 3/06/02 305-597-5576
SIGNATURE AND TYREO OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: Date