2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007562

1. Entity Name



FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90120 024 ****50.00

2. Principal Place of Business Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & Statis City &	EXTREMA,	LLC								
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City & State City & State City & State Country Country A. FEI Number 65-1107784 A. FEI Number 65-1107784 PACAL FERNANDOR S. Conflicted of Special Desired PARCA, FERNANDOR B. Name and Address of Current Registered Agent PREVAIL THE STREET MIAMI FL 33128 CITY FL Zip Codo CITY FL Zip Codo CITY FL Zip Codo CITY FL Zip Codo Make Check Payable to Floridia Department of State Department of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obligations of registered agent, or both, in the State of Floridia, I am familier with, and accept the obliga	2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address						
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S. Name and Address of Current Registered Agent PRACA, FERNANDO R 8204 NW 14TH STREET MAMI FL 33126 City FL Zip Code Stroet Address (P.O. Box Number is Not Acceptable) File Address of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. FILE NOW!! FIFEE IS \$50.00 Make Check Payable to Florido Department of State Due By May 1, 2003 MANAGING MEMBERS / MANAGERS ITIE NOW! FIFEE IS \$50.00 Make Check Payable to Florido Department of State Due By May 1, 2003 MANAGING MEMBERS / MANAGERS ITIE NOW! PRACA, FERNANDO R 204 NW1 41TH STREET ITIE MAMI FL 33126 THE MAMI	Zip	Country	Zip	Cour	ntry	5. Certificate o	f Status Desired		5.00 Add	ditional
PRACA, FERNANDO R 8204 NW 14TH STREET MAMI FL 33126 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 Floridg. I am familiar with, and accept the obligations of registered agent. SideNATURE The ADVINITY FE IS \$50.00		6. Name and Address of Curr	rent Registered Agent			7. Name and A	ddress of New Reg			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					Name		<u> </u>			
A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU	8204	NW 14TH STREET				P.O. Box Number	is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU	,,,,,			-						
The obligations of registered agent. SIGNATURE Signature, speed of phread name of registered agent and title if expolicable. PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITILE MARE PRACA, FERNANDO R SIREET ADDRESS CITY-51-2P MIAMI FL 33126 Delete TITLE MAME SIREET ADDRESS CITY-51-2P TITLE MAME SI					City			FL	Zip Code	e
Signature, typed of printed name of registered apprt and tile if applicable. (INSTE Registered Apprts dynamic registering) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS ITILE NAME NAME RANAE STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2			nt for the purpose of changing	j its register	ed office or registere	ed agent, or both,	in the State of Floric	ta. I am fan	niliar with,	and accept
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11. Thereby 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	CITY-ST-ZIP	and for the state of the state	TALL ALS CITE - 1			- 140 07(0)(I)	Florida O		Ale and the	4

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 proposered to execute this report as required by Chapter 608, Florida Statutes.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE