LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME

Secretary of State DOCUMENT # L01000008306 1. Entity Name 01-11-2002 90002 002 ****50.00 Tamara, LLC 901031 DO NOT WRITE IN THIS SPACE 3. Mailing Address 3227 Mary Street 2. Principal Place of Business 3227 Mary Street DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-1106301 Not Applicable Coconut Grove, FL Coconut Grove, FL \$5.00 Additional Country 5. Certificate of Status Desired USA 33133 ÚSA 7. Name and Address of Current Registered Agent Jeffrey Stone DO NOT WRITE Street Address(P.O. Box Number is Not Acceptable) IN THIS SPACE 3227 Mary Street Zip Code 33133 **Coconut Grove** 7. FEE 18: \$50.00 Make Check Payable to Department of State DUE BY MAY 1 MANAGING MEMBERS MANAGERS 9. TITLE NAME MGRM TITLE Tamara Stone STREET ADDRESS STREET ADDRESS 3227 Mary Street CITY-ST-ZIP Coconut Grove, FL 33133 CITY-ST-7IP OTT F MGRM TITLE NAME ... **Jeffrey Stone** NAME STREET ADDRESS STREET ADDRESS 3227 Mary Street CITY: ST ZIP Coconut Grove, FL 33133 CITY-ST-ZIP TITLE NAME STREET, ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST. ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP TITLE NAME NAME STREET ADDRE STREET ADDRESS CITY-ST-ZIP

NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section PKIGKOY(S) fautes. 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 maditat hide containing member or manager of the limited liability company or the receiver or troots improved to execute this report as required by Chapter 608, (Exorda Statu

MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ALICHESS

FILED Jan 11, 2002 8:00 am

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