

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90102 031 ****50.00

DOCUMENT # L01000009296

1. Entity Name
LOS ARCOS L.L.C.



Principal Place of Business

9401 LIME-BAY BLVD
#305
TAMARAC FL 33321

Mailing Address

9401 LIME-BAY BLVD
#305
TAMARAC FL 33321

20024870



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6020 NW 91st. Ave.

Suite, Apt. #, etc.

6020 NW 91st. Ave.

City & State

Parkland, FL

City & State

Parkland FL

4. FEI Number 65-1118817

Applied For

Not Applicable

Zip

33067

Country

Zip

33067

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OZ, SAM
9401 LIME-BAY BLVD
#305
TAMARAC FL 33321

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	OZ, SAM RACHEL	9401 LIME-BAY BLVD	TAMARAC FL 33321	<input type="checkbox"/>
MGR	OZ, MOSHE	9401 LIME-BAY BLVD	TAMARAC FL 33321	<input type="checkbox"/>
MGR	NISENHOUSE, ZEEV	9401 LIME-BAY BLVD	TAMARAC FL 33321	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		6020 NW 91st Ave	Parkland FL 33067	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		6020 NW 91st Ave	Parkland, FL 33067	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		6020 NW 91st Ave.	Parkland, FL 33067	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 608, Florida Statutes.

SIGNATURE: X

SIGNATURE REQUIRED

X 2/5/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)