FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90211 038 \*\*\*\*50.00

LIMITED LIABILITY CO		
UNIFORM BUSINESS REP	ORT (	(UBR

DOCUMENT #

1. Entity Name LOTO00010987ELOPMENT, LLC

	DO NOT WRIT	E IN TH	IS SPA	CE			966	0 0 1	
	Place of Business  MADRIIGA AVENIJE	3. Mailing Add		· · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc.		Suite, Apt. #	1570 MADRUGA AVENUE Suite, Apt. #, etc. PH 1A City & State			DO NOT WRITE IN THIS SPACE  4. FEI Number  VI applied For			
PH 1A City & St	City & State City & State				A [5]				
CORAL Zip	GABLES FL Country	CORAL (	GABLES, I	FL	4. 121	Munipel		X Applied For Not Applicable	
33146	USA	Zip 33146		ountry JSA	<b>5</b> . Cer	tificate of Status Desired		\$5.00 Additional Fee Required	
					7. Name	and Address of Curre	nt Registere		
	DO NOT V	VRITE		Name A	LEXIS AG	REDA			
	IN THIS S			Street Ad 157	dress (P.O. Box O MADRUG	Number is Not Acceptat A AVENITE	ole)		
	na tinto o	FACE		PH					
					AL GABLE	<u> </u>	FL	Zip Code 33146	
8. The abov	e named entity submits this statement	for the purpose of cf	hanging its regist	tered office or r	egistered agent,	or both, in the State of F	lorida	. 33140	
S <u>i</u> GNATURE	• '								
•	Signature, typed or printed name of registered age								
		nt and title if applicable.	EFFI	IS \$50.00			DATE		
9.		Make (	Check Payable	IS \$50.00 e to Departm BY MAY 1	ent of State		DATE		
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title Name Street address,	PD OLINDA PEREZ 4195 SW 60 PLACE MIAMI, FL 33155	Make (	Check Payable DUE E	e to Departm BY MAY 1	ent of State	1 m.	DATE		
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SIGNATURE: SIGNATURE TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE