| َي <b>نَ ال</b>  | LIMITED LIAB  | ILITY COMP<br>ESS REPORT   | ANY<br>Γ (UBR)  | · · · · · · · · · · · · · · · · · · ·  | page()  |
|--|---|--|---|--|---|
| DOCUMENT # L 01000011666<br>1. Entity Name<br>BADEECH, L.L.C.      |   |  |   | FILED<br>03 JAN 27 PM 5: 22<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA  |   |
| 20<br>2  | DO NOT WRITE  | E IN THIS S  | PACE  |  |   |
| 2. Principal f<br>6775-<br>Suite, Apt                              | Place of Business<br>6785 INDIAN CRAP<br>. #, etc.  | 3. Mailing Address<br>2875 NE 1<br>Suite, Apt. #, etc.<br>Suite 80                                 |   | - 20001269<br>02/18/0301044<br>DO NOT WRITE IN   |   |
| City & Sta   | BEACH, FLORIDA  | City & State   |   | 4. FEI Number<br>65-1135941  | Applied For<br>Not Applicable                               |
| 3314   | O Country SA  | 33180  |   |  | S5.00 Additional<br>Fee Required                            |
| a  | DO NOT W<br>IN THIS SF  |  | Name<br>DANU<br>Street Address<br>2875<br>SJitt   | 7. Name and Address of Current Reg<br>EL_J. SER BER<br>(P.O. Box Number is Not Acceptable)<br>NE_IU_STREET               |   |
|  |   |  | City  |  | FL Zin Code 20  |
| <ol> <li>The above the obligat</li> <li>SIGNATURE .</li> </ol>     | named entity submits this statement for<br>ions of registered agent.<br>DA<br>Signature, typed of printed name of registered agent  | and little if applicable.  | ver, Esg  | ered agent, or both, in the State of Florida   | I am familiar with, and accept                              |
| 9.   |   | Make Check Payab<br>E  | FEE IS \$50.00<br>le to Florida Departm<br>JUE BY MAY 1                                 | ent of State   | M   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | MARCELO BARRI<br>2875 NE 191 51<br>AVENTNA, FLON  | A<br>REET, ## 201  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | IRP  | · · · · ·   |
| ITLE<br>IAME<br>TREET ADDRESS<br>NTY- ST- ZIP                      | 2875 NE 191 5   | Demmeia<br>Necet, #801<br>NDA 33180  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |
| ITLE<br>Ame<br>Treet address<br>Ity-st-zip                         |   |  | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DO NOT W   | RITE  |
| TLE<br>AME<br>IREET ADDRESS<br>ITY-ST-ZIP                          |   |  | TITLE<br>NAME<br>STREET.ADDRESS<br>CITY-ST-ZIP  | IN THIS SP   | ACE   |
| TLE<br>Ame<br>Ireet address<br>TY-ST-Zip                           |   |  | TITLE<br>NAME<br>STREET A DRESS   |  |   |
| TLE<br>Ame<br>Treet Address<br>Ity- St- Zip                        |   |  | TT<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 2003   |   |
| <ol> <li>I hereby control indicated of<br/>limited liab</li> </ol> | ertify that the information supplied with<br>on this report is true and accurate and i<br>illity company or the receiver or trustee | this filing does not qualify for<br>that my signature shall have to<br>empowered to execute this r | the exemption stated in Se<br>he same legal effect as if n<br>eport as required by Chap | ection 119.07(3)(i), Florida Statutes. I furth-<br>nade under oath; that I am a managing m<br>ter 608, Florida Statutes. | er certify that the information<br>lember or manager of the |

1,0,0 Provide Press, Press, Press, Press, Press, 1,000 and 1,000

To: Florida Department of State Division of Corporation Attention: Mr. Buck Cohr P.O. Box 6327 Tallahassee, Fl. 32314-6327

مغالا آسا و را

From: Highpoint L.L.C. 10111 Forest Hill Blvd. Ste-100 West Palm Beach, Fl 33414

Dear Sir:

This is to inform your good office that we didn't server (serverses and 3003 received the letter of 2002 and 2003 Uniform Business

Report from your office. Herewith, I am sending our UBR for the year 2002 and 2003 for our corporation

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JAN 27

and the payment.

If you have any question, please contact me at (561) 753-8366 Ext. 110 or (561) 351-8651. Thank you

very much for your kind consideration.

Sincerely yours,

manl

Elizabeth Marull Managing Member

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