

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 20, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90014 038 \*\*\*\*50.00

DOCUMENT #L01000012472

1. Entity Name  
HIBOU DESIGN, LLC

**DO NOT WRITE IN THIS SPACE**

41859

2. Principal Place of Business  
2665 South Bayshore Drive

3. Mailing Address  
2665 South Bayshore Drive

Suite, Apt. #, etc.  
Suite 1001

Suite, Apt. #, etc.  
Suite 1001

City & State  
Coconut Grove, FL

City & State  
Coconut Grove, FL

4. FEI Number  
65-1136942

Applied For

Not Applicable

Zip  
33133

Country

Zip  
33133

Country

5. Certificate of Status

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name: EBERTO A. VITIER

Street Address (P.O. Box Number is Not Acceptable)  
c/o Hibou Management, LLC, 2665 South Bayshore Drive, Suite 1001

City  
Coconut Grove

**FL**

Zip Code  
33133

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

Eberto A. Vitier, Manager

(NOTE: Registered Agent signature required when reinstating)

Date

**FEE IS \$50.00**

Make Check Payable to Department of State

11. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
Amadeo Nicolas Juncadella  
2665 S. Bayshore Drive, #1001  
Coconut Grove, FL 33133  
**X Addition**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

502125901481--2  
-04/30/02--90014--038  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
Eberto A. Vitier  
2665 S. Bayshore Drive, #1001  
Coconut Grove, FL 33133  
**X Addition**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE**

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CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eberto A. Vitier, Manager

Date

(305) 250-9939  
Daytime Phone #

Attachment 7

41859

# L01000012472

**Akerman Senterfitt**  
ATTORNEYS AT LAW

Boca Raton  
Fort Lauderdale  
Jacksonville  
Miami  
Orlando  
Tallahassee  
Tampa  
West Palm Beach

One Southeast Third Avenue  
28th Floor  
Miami, Florida 33131-1714  
www.akerman.com  
305 374 5600 tel 305 374 5095 fax

August 16, 2002

**VIA MAIL**

Annual Reports Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

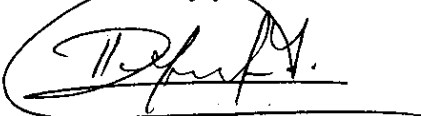
Re: **HIBOU DESIGN, LLC**

Dear Sirs:

We are re-submitting the Annual Report for the above entity, stating the Federal Employer Identification number and correcting the registered agent and office information. Please be advised that the filing fee has already been paid.

We apologize for this omission.

Sincerely yours,



Diana M. Guerra  
Legal Assistant

Enclosures

c.c. Mr. Eberto A. Vitier  
Rick Fucci, Esq.

Please acknowledge  
receipt by stamping  
a copy of this letter  
& send it back in  
the envelope enclosed.

Attachment

41859

#L01000012472

**Akerman Senterfitt**  
ATTORNEYS AT LAW

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Rick Fucci, Esq.