

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

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

03-20-2002 90040 001 \*\*\*\*50.00

**DOCUMENT #** L01000013766  
1. Entity Name  
**Sunset Strip, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8672 SW Bird Road  
Suite, Apt. #, etc.  
Suite 205

3. Mailing Address  
same as #2  
Suite, Apt. #, etc.

City & State  
Miami, FL

City & State

4. FEI Number 59-1530905  
Applied For  
Not Applicable

Zip 33155

Country USA

Zip

Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Lucilo Ramos, Jr., Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
Spear & Hoffman, P.A.  
708 S. Dixie Highway  
City Coral Gables FL Zip Code 33146

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 *Lucilo Ramos, Jr.* DATE 3/4/2002

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM William B. Lyden 8672 SW Bird Road, Suite 205 Miami, FL 33155	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William B. Lyden* DATE: 3-5-2002 (305) 554-9246  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)