## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # I 01000014701



## FILED Mar 12, 2003 8:00 am Secretary of State

Principal Place of Business   Making Address   1/20 % 44 STREET   MAM F, 2315-461	1. Entity Na	DLDINGS, LLC	5014701		03-12-2003 90009 049 ****5	
## STREET MANNER IN STREET   This above named entry submits the statement for the purpose of changing its registered digent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent in the obligations of registered agent in the state of Florida. I am familiar with, and accept the obligations of registered agent in the state of Florida. I am familiar with, and accept the obligations of registered agent in the state of Florida. I am familiar with, and accept the obligations of registered agent in the state of Florida. I am familiar with, and accept the obligations of registered agent in the state of Florida. I am familiar with, and accept the obligations of registered agent.  ### AMANGING MEMBERS/MANAGE/IS  ### AMANGING MEMBERS/MANAGE/IS  ### AMANGING MEMBERS/MANAGE/IS  ### AGENT ADDRESS  ### AGE	Principal Pla		Mailing Address			
Surte, Apt. 4, etc.    City & State	/130 SW 44 STREET			<del>de</del> ar , e ger	•	Factor Some Section
City & State  Country  City  S. Certificate of Status Desired  S. Country  S. Certificate of Status Desired Acceptable  S. Country  S. Country  S. Certificate of Status Desired Acceptable  S. Country  S. Country  S. Certificate of Status Desired Acceptable  S. Country  S. Country  S. Certificate of Status Desired Acceptable  S. Country  S. Country  S. Country  S. Country  S. Country  S. Certificate of Status Desired Acceptable  S. Country  S.	2. Principal	Place of Business	3. Mailing Address			
Zip Country Zip Country Zip Country S. Certificate of Status Desired S. S. On Additional Present Agent Status Desired Age	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGE	ES
S. Certificate of Status Desired   \$5.00 Actishons   \$5.00 Actisho			City & State		03 1 130 137	
SUMMERIN, ANA M 7/30 SW 44 STREET MIAMIF E 33155-4611  SIGNATURE  B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Jam familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  MRC FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  B. ** MANAGING MEMBERS / MANAGERS  MRC MANAGERS / MANAGERS  MRC MANAGERS / MANAGERS  MRC MANAGERS / MANAGERS  MRC MANAGERS / MA	Zip		·	Country	5. Certificate of Status Desired \$5.00 A	Additional
SUMMERLIN, ANA M 7130 SW 44 STREET  MAMI FL 33155-4611  City FL  City FL  City FL  Zip Code  City State Address (P.O. Box Number is Not Acceptable)  City FL  Zip Code  City FL  Zip Code  City FL  City		6. Name and Address of Curr	rent Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)	SUM	IMERLIN, ANA M		Name		
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. J am familiar with, and accept the obligations of registered agent.    SigNaTURE	7130	SW 44 STREET		Street Addres	ss (P.O. Box Number is Not Acceptable)	
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. J am familiar with, and accept the obligations of registered agent.    SigNaTURE						
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE, Registered Agent signature required when relocations)   DATE				, ,	FL 1 '	
Make Check Payable to Florida Department of State Due By May 1, 2003    P.	J	and a second again.				h, and accept
MAKE Check Payable to Florida Department of State Due By May 1, 2003    MANAGING MEMBERS / MANAGERS   10. ADDITIONS / CHANGES   Addition		· · · · · · · · · · · · · · · · · · ·		<del></del>		<del></del>
9. MANAGING MEMBERS MANAGERS 10. ADDITIONS / CHANGES   Addition			Make Check Pavat	ole to Florida Denartn	unent of State	
MGRM SUMMERLIN, ANA M 7130 SW 44 STREET STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDR			Di	ue By May 1, 2003		J
MGRM SUMMERLIN, ANA M STREET ADDRESS CITY-ST-ZIP MIAMI EL 33155 TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDR	9.	MANAGING MEN			ADDITIONS (CHANGES	
SUMMERLIN, ANA M 7130 SW 44 STREET MIAMI FL 33155  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE			☐ Delete	TITLE		t D Addition
CITY-ST-ZIP  MIAMI FL 33155  CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STRE						7
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM					'	] [
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRES		MIAMI FL 33155		· 🖁 🕒 — 🗼 –		}
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			☐ Delete		☐ Change	☐ Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS	STREET ADDRESS			_		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS	CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE	<del></del>	☐ Delete	TITLE	onned?	- Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS	1			NAME	Change	LI Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	I					
NAME STREET ADDRESS CITY-ST-ZIP  ITTLE VAME STREET ADDRESS CITY-ST-ZIP  ITTLE VAME STREET ADDRESS CITY-ST-ZIP  ITTLE VAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS		<del></del> .		——————————————————————————————————————		
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS	I		☐ Delete		☐ Change	☐ Addition
CITY-ST-ZIP  CHange Addition  Addition  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	- 1			•		ľ
NAME STREET ADDRESS CITY-ST-ZIP CITILE AAME STREET ADDRESS CITY-ST-ZIP CHAnge Addition Change Addition Change Addition Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP				•	
NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE		□ Delete	TITLE	Change	Addition
CITY-ST-ZIP  CITY-						Addition
TITLE TITLE CHANGE Addition  AAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	i					1
MAME STREET ADDRESS STREET ADDRESS			<u>_</u>	CITY-ST-ZIP		
STREET ADDRESS STREET ADDRESS	1		☐ Delete		☐ Change	☐ Addition
SIREL ADDRESS						1
I U(((-5)-/IF 1	j			STREET ADDRESS CITY-ST-ZIP		}
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 be only the complexed effects in the information of th	1. I hereby ce	ertify that the information supplied w	rith this filing does not qualify for		ection 119 07(3)(i) Florida Statutos I further position to the control of the con	-formati-

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: