Mar-05-02 05:10P T P MANISCALO

FILED
Mar 20, 2002 8:00 am
Secretary of State
03-20-2002 90040 021 ****55.00

2002

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015446

1. Entity Name

JOHN BECKER, PH.D., L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Address

6450 COLLINS AVE
SUITE 608
MIAMI, FL 33141

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number EIN 65-1146397 — Applied For / Not Applicable

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

Street — JOHN BECKER
6450 COLLINS AVE, # 608
MIAMI, FL 33141

City — FL — Zip Code

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 _____ DATE

Signature, type or print name of registered agent and title if applicable.

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN BECKER 6450 COLLINS AVE, # 608 MIAMI, FL 33141
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DO NOT WRITE IN THIS SPACE

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 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: + _____ 3/5/02 (305-907-3377)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #