LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBB)

DOCUMENT # L01000016003

1. Entity Name



FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90270 025 ****50.00

FISCHER ASSOCIATES HOLDINGS L.C.				20024110
	DO NOT WRIT	E IN THIS	SPACE	
2. Principal Place of Business 2588 SW 27TH AVE Suite, Apt. #, etc.		3. Mailing Address 2588 SW 27TH AVE Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State MIAMI, FL		City & State MIAMI, FL		4. — 56 -2346669 Applied For Not Applicable
Zip 33133 _	Country U.S.	Zip 33133	Country U.S	5. Certificate of Status Desired 55.00 Additional Fee Required
			Name .	7. Name and Address of Current Registered Agent
DO NOT WRITE			ANTONIO GARCIA Street Address (P.O. Box Number is Not Acceptable)	
' IN THIS SPACE			2588 SW 27TH AVE	
	_			
8. The above	named entity submits this statemen	t for the purpose of changin	City MIA	MI FL Zip Code 33133 egistered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.				
SIGNATURE	Signature, typed or protect name of registered ac	geni and title il applicable.		7/10/83 DATE
			FEE IS \$50,00 yable to Florida Depa DUE BY MAY 1	rtment of State
9. TITLE		BERS/MANAGERS	TITLE	32
NAME STREET ADDRESS CITY-ST-ZIP	MGR VIVES, MAURICIO 2588 SW 27TH AVE. MI	AMI, FL 33133	NAME STREET ADOMESS CITY-ST-ZP	CRZE083B (1202
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY: ST- ZIP	CRZE
TITLE - NAME - STREET ADDRESS - CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-21P	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE MAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		٠.	TITLE NAME STREET ADDRESS DITY-ST-ZP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-\$1:ZIP	
11. I hereby certify that the information supplied with this filling 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 of thustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: 4-17-03 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Device Proper				