LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L01000016232

READING ETC. CREATIVE DESIGN GROUP, LLC

DOCUMENT #

1. Entity Name .

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

FILED May 03, 2002 8:00 am Secretary of State

05-03-2002 90022 020 ****50.00

DO NOT WRITE IN THIS SPACE					951621				
2. Principa	Place of Business	3. Mailing Address		⊸					
3501	S.W. 15th Street		3501 S.W. 15th Street						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State Deerfield Beach, FL		City & State Deerfield Be	City & State Deerfield Beach, FL		er 0234067			Applied For	
Zip 33442	Country	Zip	Country	65-0234067			¢5.00	Not Applicable	
3344	<u>US</u>	33442	US		of Status Desired	_	Fee Requ	Additional uired	
			N-	7. Name and A	ddress of Current	Registered	Agent		
DO NOT WRITE IN THIS SPACE			Dade	Name Dade County Corporate Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) Suite 505					
	114 TTHO SE	20801		Boulevard					
	-	City Avent	Aventura			FL Zip Code 33180			
8. The above named entity submits this statement for the purpose of changing its registered office or register SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FEE IS \$50.00					n, in the State of Flor	rida. Date			
	·	yable to Department o DUE BY MAY 1	of State						
9.	MANAGING MEMBE	RS/MANAGERS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Jeffrey M. Perlow 20801 Biscayne,Boul Aventura, Florida 3	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**************************************	-3100	TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS			TITLE			- , ,			

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

NAME .

TITLE

NAME

TITLE

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:
SIGNATURE IN TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/02

DO NOT WRITE

IN THIS SPACE

(305) 933-2000

Date

Daytime Phone #