## LIMITED LIABILITY COMPANY

FILED May 14, 2002 8:00 am Secretary of State

DOCL	JMENT#	-33 KEPUK	1 (OBK		05-14-2002 904	164 001 ***100.00	
1. Entity Na	#H01000010030	· <u>-</u>		$\bigvee$			
F	OWLER HOLDINGS, LLC	,					
	DO NOT MOST	P % B 2000 2 4 4 4 4 4	-				
	DO NOT WRITE	IN THIS S	PACE	-			
2. Principal I	Place of Business San Remo Avenue	3. Mailing Address 1500 San Re					
Suite, Apt.	ano Avenu	<u>e</u>	DO NOT WRITE IN THIS SPACE				
Suite #225 City & State Miami, Florida  Suite #255 City & State Miami, Florida  Miami Florida					4. FEI Number X Applied Fer		<del></del> -)
Zip 33	Zip 33146 Country US Zip 33146			S		Not Applicab	ole
		33140	U		_5Certificate of Status Desired	Fee Required	<u></u>
4	DO NOT WE	DITE	Namo		S REGISTERED AGENT CO		-
8	Street	Address (F	P.O. Box Number is Not Acceptable)				
	IN THIS SPA		10	0 S.E.	2nd Street, 28th Flo	or	-
8. The above	named outility or built at the		City	ıamı	E		
ł	named entity submits this statement for t	he purpose of changing its	registered office	or registere	ed agent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent and	title of applicable.			DATE		
		ASSESSED OF THE STREET	EE IS \$50.00				-
		Make Check Pa	yable to Depai UE BY MAY 1	tment of	State		
9.	MANAGING MEMBERS Manager	/MANAGERS	TITLE				-
NAME STREET ADDRESS	Robert Rubin						2/01)
CITY-ST-ZIP	Miami, Florida 3314	e, Suite #225 5	STREET ADDRESS CITY+ST-ZIP				CR2E083B (12/01)
NAMI			TITLE NAME				22E08
STREET ADDRUSS CITY-ST-ZIP			STREET ADDRESS				5
TITLE NAME	and the second s		CITY-ST-ZIP				-
STREET ADDRESS	•		NAME STREET ADDRESS		2 %	ه پیومد، شمش محمد به د	/
TITLE TITLE			CITY-ST-ZIP		DO NOT WRI	i de la companya de l	
NAME STREET ADDRESS			TITLE NAME		IN THIS SPAC	) E	
CITY-ST-ZIP			STREET ADDRESS CHTY-ST-ZIP		•	·-	
NAME.			TITLE `NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
TITLE NAME			CITY-ST-ZIP TITLE	<del></del>		•	}
STREET ADDRESS	•		NAME STREET ADDRESS		,		
11. Thereby certi	fy that the information supplied with the	Nino desa	ČITY ST. ZIP				
indicated on limited liability	this report is true and accurate and that it is true and accurate and that it company by the receiver or trustee emp	iling does not qualify for the ny signature shall have the lowered to execute this rep	e exemption state same legal effect ort as required b	ed in Section Las if made v Chapter 6	n 119.07(3)(i). Florida Statutes, Efurther cert e under oath; that I am a managing membe 08. Florida Statules.	fly that the information or manager of the	
/~	Robert O. a.	<b>.</b>					
SIGNATUI	TURE AND TYPED OR PRINTED NAME OF SIGNI	NG MANAGING MEMBER, MANAGE	ert Rubin	, Mana	N/F	5-665-8784	