LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 30, 2002 8:00 am Secretary of State

DOCUMENT # 201000016974			04-30-2002 90008 008 ****50.00	
Baja Beach C	lub of Miami	, LL C		
DO NOT WRI	TE IN THIS	SPACE		9 4 5 9 9 3
2. Principal Place of Business 1314 E. Las Oks Blvd.	3. Mailing Address	olas Blud.		
Suite, Apt. #, etc. Suite 180	Suite Apt #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Ft-Lauderdale, FL Ft-Lauderdale, FL		dale, FL	4. FEJ Number Applied For Not Applicable	
Zip Country	^{Zip} 33301	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
		Name N	7. Name and Address of Current F	Registered Agent
Street Address (F			P.O. Box Number is Not Acceptable) E. Las Olas Blvd.	
Suite			180	
8. The above parted entity submits the statem	out for the purpose of the con-	City F4	. Lavderdale	FL 333 & 1
8. The above named entity submits this statem	 -	g its registered office or regist		14/18/02
SIGNATURE Signature, typed or printed name of registered	agent and little if applicable.			DATE
		FEE IS \$50:00 Payable to Department DUE BY MAY 1	of State	
TITLE MGR	MBERS/MANAGERS	TITLE		
NAME STREET ADDRESS 1314 E. Las Olas Blv CITY-ST-ZIP Ft. Lauderdale, F	d.,Svite 180 L 33301	NAME STREET ADDRÉSS CITY-ST-ZIP		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	DO NOT V	VDITE.
CITY-ST-ZIP TITLE		CITY-ST-ZIP	DO NOT V	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY'-ST, ZIP	IN THIS S	PACE
TITLE		TITLE NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Alle-
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
In hereby certify that the information supplied indicated on this report is true and accurate limited liability company or the receiver or true.		for the exemption stated in Several legal offers as if	trade under oath; that I am a managin ster 608, Florida Statutes.	orther certify that the information g member or manager of the
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NA	ME OF SIGNING MANAGING MEMBER,	ndrew Barnet MANAGER, OR AUTHORIZED REPRESI	4/18/0Z ENTATIVE Date	454-818-1277

Daytime Phone #