2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017774

1. Entity Name
OFFSHOREONLY LLC

FILED
03 MAY 29 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3370 NE 190 ST 2108 NORTH MIAMI, FL 33180	3370 NE 190 ST 2108 NORTH MIAMI, FL 33180

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2625 Barbara Dr	2625 Barbara Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale, Fl	City & State: Ft Lauderdale, Fl
Zip: 33316 Country: US	Zip: 33316 Country: US

4. FEI Number: 65-1147644 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHUBLE, STEVEN M 3370 NE 190 ST 2108 NORTH MIAMI, FL 33180	Name: STEVEN M. SCHUBLE Street Address (P.O. Box Number is Not Acceptable): 2625 BARBARA DR. City: FT LAUDERDALE FL Zip Code: 33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ MAY 26, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILING FEE IS $50.00
Make Check Payable to: Florida Department of State
Mail To: P.O. Box 6327

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCHUBLE, STEVEN M 3370 NE 190 ST NORTH MIAMI, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	05/29/03--01066--001 **50.00	☐ Change ☐ Addition
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CR2E083 (10/02)

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: _____ MAY 26, 2003 954-463-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #