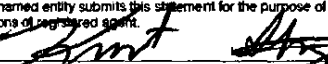
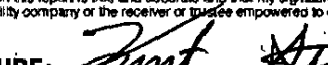


2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017921			
1. Entity Name MIAMI LOOP, LLC			
Principal Place of Business 8216 N.W. 44TH ST. CORAL SPRINGS, FL 33065		Mailing Address 8216 N.W. 44TH ST. CORAL SPRINGS, FL 33065	
2. Principal Place of Business 9021 SW 95th AV Suite, Apt. #, etc.		3. Mailing Address 9021 SW 95th Ave Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33176 USA		Zip 33176 USA	
4. FEI Number 65-1150657		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KAZEMI, MOJAN 8216 N.W. 44TH ST. CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Kurt Stange Street Address (P.O. Box Number is Not Acceptable) 9021 SW 95th Ave City Chappa Miami FL Zip Code 33176	
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  DATE 4-28-03 (NOTE: Registered Agent's Signature Required when withdrawing)			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLICHTER, ZACK 18865 64TH AVE. CHIPPEWA FALLS, WI 54729 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STANGE, KURT 19425 67TH AVE. CHIPPEWA FALLS, WI 54729 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENRICHSEN, RACHEL 2602 RIVINGTON TERRACE HARRISBURG, PA 17103 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAZEMI, MOJAN 8216 N.W. 44TH ST. CORAL SPRINGS, FL 33065 ☒ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes. SIGNATURE:  DATE 4-21-03 305-609-5878 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2ED03 (10/02)