

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90408 017 ****50.00

DOCUMENT # **LO1000019314**
1. Entity Name
ALDAR INVESTMENTS, L.L.C.

DO NOT WRITE IN THIS SPACE

968034

2. Principal Place of Business
1364 WESTON ROAD
Suite, Apt. #, etc.

3. Mailing Address
1364 WESTON ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WESTON FL

City & State
WESTON FL

Zip
33326 Country
USA

Zip
33326 Country
USA

4. FEI Number
65-1191742

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ELSA RIOS

Street Address (P.O. Box Number is Not Acceptable)
1800 W, 49TH ST, #301

City
HALEAH FL Zip Code
33012

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.

SIGNATURE *E. Rios* **05/01/02**
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BERMAN, J. DANIEL 911 LAVENDER CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSA M. CARLOS 7811 SW 4TH STREET PLANTATION, FL 33324
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CR2E083B (12/01)

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]* **05/01/02 (954) 600-9597**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #