2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019569

1. Entity Name

PREVAIL INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
13200 SW 128 STREET SUITE F-1 MIAMI FL 33186	1401 PONCE DE LEON BLVD SUITE 401 CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1159647**

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
BROWN, GARY L ESQ. 4000 HOLLYWOOD BLVD. SUITE 265 SOUTH HOLLYWOOD FL 33021	Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL _____ Zip Code _____

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 _____

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS | **10.** ADDITIONS/CHANGES

TITLE	MGR	☐ Delete
NAME	BAYSOUND DEVELOPMENT CORP.	
STREET ADDRESS	1255 ALGARDI AVE.	
CITY-ST-ZIP	CORAL GABLES FL	

☐ Change ☐ Addition

TITLE	MGR	☐ Delete
NAME	EXPERTISE DEVELOPMENT CORP.	
STREET ADDRESS	13200 SW 128 STREET	
CITY-ST-ZIP	MIAMI FL 33186	

☐ Change ☐ Addition

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

☐ Change ☐ Addition

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: _____ *SIGNATURE REQUIRED* MEMBER MANAGER   02/27/03   (786) 242-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #