2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019736

1. Entity Name
LA MAISON DU PATE OF MIAMI BEACH, L.L.C.

FILED
03 SEP 19 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5600 COLLINS AVE. MIAMI BEACH, FL 33140	812 NE 90ST #2 MIAMI, FL 33138

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	850 N.E. 90TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #1
City & State	City & State MIAMI, FL
Zip / Country	Zip 33138 / Country US

4. FEI Number **65-1152008** ☐ 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
MOYAL, PATRICK 208 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when assessing)

FILING 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DEPONS, JOHN E 812 NE 90 ST #2 MIAMI, FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GUERRA, JUAN 5600 COLLINS AVENUE MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500023308555 09/24/03--01070--009 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DEPONS, JON-PIERRE 5600 COLLINS AVENUE MIAMI BEACH, FL 33140	☐ 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	(NGR) LUCIANO PHARAON 510 N.W. 124TH ST. MIAMI, FL 33162	☐ 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

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: John E [illegible] 9/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #