2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90154 006 ****50.00

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DOCUMENT # L01000019953

1. Entity Name
CAINE & WEINER SOUTH, LLC

Principal Place of Business	Mailing Address
15025 OXNARD ST., STE. 100 VAN NUYS CA 91411	15025 OXNARD ST., STE. 100 VAN NUYS CA 91411

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3550 BUSCHWOOD PARK Dr #310	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TAMPA, FLORIDA	
City & State	City & State
Zip: 33618 / Country: HILLSBOROUGH	Zip / Country

4. FEI Number 02-0567776 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAINE, ROBERT E 15025 OXNARD ST # 100 VAN NUYS CA 91436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: [signature] MGRM ROBERT E. CAINE 1/7/03 (818)908-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #