LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED L01000021242 DOCUMENT # 1. Entity Name 02 MAY 13 PM 1: LO SUCCESSFUL LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2665 S. Bayshore Drive 2833 Bird Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 703 Applied For City & State 4. FEI Number City & State Not Applicable Miami, Florida Miami, Florida Country Country \$5.00 Additional Zip 5. Certificate of Status Desired 33133 USA Fee Required USA 33133 7. Name and Address of Current Registered Agent World Corporate Services, Inc. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)___ IN THIS SPACE 2665 S. Bayshore Drive, Suite Zig \$1933 MYami FL 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, typed or printed name of registered agent and title if applicable. FEE IS \$50.00 800005504468--1 Make Check Payable to Department of State -05/13/02--01002--024 **DUE BY MAY 1** ***2778_75 *****50_88 MANAGING MEMBERS/MANAGERS 9. CR2E083B (12/01) TITLE TITLE Manager NAME NAME Mendoza, Hugo STREET ADDRESS STREET ADDRESS 2833 Bird Avenue Miami, Florida 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; 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: TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Albert J. Lazo 4/30/02 (305) 858-9900

Daytime Phone #